Reminiscences of Service in South Africa during the Boer War

By GEORGINA FANE POPE, R.R.C.

I have been asked to write on some of my experiences in nursing in South Africa during the Boer War and for data regarding the origin of the Canadian Army Nursing Service. I shall do the best I can from memory as my copies of Orders, Official Correspondence, Journals, etc., are put away so safely I cannot find them, and fear they are stored in Halifax with things that have been collecting the dust of the years since I went overseas to the Great War.—G.F.P.

When war was declared in the autumn of 1899, and Mr. Joseph Chamberlain, Secretary of State for the Colonies, had accepted the offer of a contingent from Canada, he included a staff of three, and later four Nursing Sisters. I was asked by Colonel J. L. N. Neilson, G.G.H.S., then Director-General Medical Services at Ottawa, if I would go as Superintending Sister (as Army Matrons were then called). I accepted gladly, and Nursing Sister Sarah Forbes, Nursing Sister Elizabeth Russell, and Nursing Sister Affleck made up the staff. Col. Neilson and I considered as to what kind of uniform should be worn and decided on khaki, with which our troops were being fitted out for the first time in Canada. The design he left to me and approved the choice of a short bicycle skirt, a Russian blouse with shoulder straps and Service buttons, brown leather belt and boots, a khaki sailor hat with little red brush, white collar and cuffs, and apron with bib. We had no uniform cap, thinking we would be under canvas and wear hats. After reaching South Africa I obtained permission from the War Office, through our Supt. Sister, Miss Sidney Browne, R.R.C., to include the English Army Nursing Service cap or veil in our uniform, which permission we considered an honour and a privilege.

We sailed from Quebec on the 29th October, 1899. As I look back a quarter of a century, in memory, to that eventful occasion, once again the scene rises vividly before me: the crowded troop ship, the officials and friends on the pier, the music of the bands, the cheers of the crowds, the blowing of whistles, etc., as slowly we moved down the lovely harbour. The autumn sun was setting, its crimson rays forming a wonderful back-ground to the "Old Fortress Cliff that keeps of Canada the Key" as for the first time she sent forth her sons across the seas to fight the Empire's cause. Long after daylight had waned we still could hear the cheers of the people who lined the river front and the sweet, rather heart-breaking strains of "Auld Lang Syne" and "Home Sweet Home."

We arrived at Cape Town on the 30th of November, very much afraid that we should find the war all over! After a month on a crowded troop ship, the heat of the tropics, and the stuffiness of a small state-room between four of us, it was a joy to find

ourselves at anchor in beautiful Table Bay, with its grand old mountain looking down on us, the sun shining, the blue waters sparkling, and boatmen with flowers and fresh strawberries enticing us!

We Nursing Sisters were specially welcomed by a committee of the Red Cross and the Surgeon-in-chief of the New Somerset Hospital of Cape Town. The latter brought us an invitation from the Matron, Sister Agatha, to go there as her guests pending orders for duty from the P.M.O.

This, with the permission of the Officer Commanding, we gladly accepted, as the hotels were all overcrowded.

We also received a letter of congratulation upon what he was pleased to call "our splendid patriotism," from Mr. (later Sir) Frederick Treves, consulting surgeon to the troops, who with his two private nurses had just arrived by the "Dunvegan Castle" and was about to proceed to Natal via Durban.

We disembarked on the 1st of December, and upon finding that our troops had orders to proceed up country immediately, made every effort to be allowed to accompany them to the front. This we were told was impossible as no nursing sisters could be accommodated in the field hospitals. So with very sad feelings we saw our countrymen entrain without us on December 3rd, and realized at that early date what served us in good stead later: that we too were soldiers, to do as we were told, and go where we were sent.

Later in the same day we received orders to proceed to Wynberg for duty in the large base hospital there, called No. 1 General, where we found our services were greatly needed. The wounded from Graspan and Belmont had been brought down recently and the number of Sisters was very small. I might here add that the total number of Sisters sent from home at this early date was 40, while a year later, including ourselves and other Colonials, we numbered 1,000.

At No. 1 General we nursed in huts and found the work at times very heavy, oftentimes having our dinner between 9 and 10 p.m. We received our first convoy of wounded a few days after the battles of Magersfontein and Modder River, when the beds were filled with the men of the Highland Brigade, who suffered so severely at the former place. We remained at Wynberg for nearly a month when No. 3 General Hospital of 600 beds was pitched under canvas at Rondebosch, a few miles away, under charge of Lt.-Col. Wood, R.A.M.C., and we, with Miss Sidney Browne, R.R.C., as Supt. Sister, and two English Nursing Sisters, formed the nursing staff. Here we arrived on Christmas day and remained almost six months, having at times very active service; sometimes covered with sand during a "Cape South Easter," at others deluged with a forerunner of the coming rainy season, and at all times in terror of scorpions and snakes as bed fellows.

In February some of our men began to come down and as each new convoy arrived we eagerly searched for wearers of the Maple Leaf Badge, and deemed it a great privilege to find them our own special patients. Many of the men came, but the officers were taken to No. 1 Wynberg as we had no officers' hospital, though when our duties allowed we made several visits to see any of our countrymen in hospital there.

In May, orders came for half our hospital equipment and nursing staff to proceed to Springfontein, O.R.C., to go under canvas there, with Lt.-Col. Keogh, our second in command

(later Sir Alfred Keogh, D.G.M.S.), as P.M.O. Miss Browne, with half our staff (which had of late greatly increased in numbers), including Nursing Sisters Russell and Affleck went with Col. Keogh. Miss Sidney Browne preferred that Sister Forbes and myself should remain hehind, as we were nursing in the enteric tents, which were isolated from the main camp and had been under my charge since February.

A fortnight later our half of the hospital suddenly received orders to go to Kroonstadt, O.R.C., the Sisters to "proceed without delay." Four hours later Sister Forbes, eight English Reserve Sisters and myself, carrying the orders as Acting Superintendent, left for Kroonstadt. After two days' journey we reached Springfontein where we spent an hour with our Sisters there who were cheerfully bearing great hardships. Sister Affleck, who was doing night duty, told me that the cold at night was so intense that the medicines froze in the glasses as she carried them to the different patients.

At Bloomfontein we were delayed two days. Traffic was so great and accommodation for passengers so limited that we were billeted at "Dames Institute" and "Grey College," two buildings used as hospitals by No. 10 General, where two of our Sisters of the 2nd Contingent were nursing, and the other two lying very seriously ill at the time.

The 2nd Contingent with a staff of four: Nursing Sister D. Hurcombe (in charge), Nursing Sister Margaret C. Macdonald (later Matron-in-chief, C.A.M.C.), Nursing Sister P. Richardson and Nursing Sister Horne, had arrived in February. The Sisters were billeted with us at Rondebosch for a few days, then proceeded to Kimberly, and later to Bloomfontein, where we saw them in May, when Nursing Sister Richardson and Nursing Sister Horne were very ill with enteric fever.

After a week of most uncomfortable travelling we arrived at Kroonstadt early in the morning of the Queen's Birthday. At Bloomfontein we had been further reinforced by five New South Wales Sisters. This addition was most opportune, as there was great need for us all. Lord Roberts' and Lord Methuen's forces had recently passed through, leaving sick and wounded in large numbers, and hotels, the Dutch Church, Staat Huis, etc., were quickly converted into hospitals. We divided ourselves among these places and made our patients as comfortable as we could with the small equipment at our disposal.

The nursing of the Kroonstadt Hotel Hospital was placed under my charge, and I was ably assisted by Sister Forbes and five of the English Reserve Sisters. We had 30 officers and over 200 men, nearly all suffering from enteric fever. In this place, so recently occupied by the English, during the unavoidable delay in receiving our stores, we were greatly aided by Lt.-Col. Ryerson (later Major-General Ryerson), and his Red Cross supplies. Suits of pyjamas, tins of condensed milk, beef essence, good whisky and many other medical comforts were given us by the Colonel, who very kindly looked out for our personal comforts as well. For over a month we remained at this hotel. Then as soon as the patients were able to be moved we went back to No. 3 General Hospital, which with the Scottish National Hospital had arrived in the meantime and were pitched on the outskirts of the town.

Here, under canvas in June, like our Sisters at Springfontein, we suffered acutely from cold. Each morning the hoar frost was thick, both inside and out of our single bell tents. We were very short of water and lived on rations which an orderly cooked for us on a fire on the veldt. Dinner was a very un-

certain feast on a rainy day. Around our camp, within 50 yards, were several six-inch guns, while we had prepared in a donga a place of safety for helpless patients, and a bomb-proof shelter for all the hospital staff in case of attack, which for some time threatened us daily. Hanging in our mess tent was a copy of orders to be observed when attacked. Several mornings we wakened to hear the boom of guns, which, however, were never near enough to necessitate our using the shelters.

In July, we were surprised and pleased to receive orders to proceed to Pretoria, which had lately fallen to the English. These orders came from Lord Roberts direct, who, happening to hear that we hoped to see Pretoria before leaving the country, with that great kindness which always characterized his actions, requested the P.M.O. to transfer us for duty there at once. We waited for Sisters Affleck and Russell to join us and two days later, in a carriage attached to Lady Roberts' train, preceded by an armoured train, we made the journey to Pretoria (one hundred miles) in 12 hours. Lord Roberts and his staff, including Major Septimus Denison, A.D.C. (now Major-General Denison, C.M.G.), were at the station to meet Lady Roberts and her daughters and Major Denison introduced us to the Field-Mashal. This gave us the opportunity of thanking him personally for his kindness.

At Pretoria we were attached to the Palace of Justice R.A.M.C. Hospital, which included the Irish Hospital, sent out by Lord Iveagh. Here we nursed for Dr. George Stoker, a London specialist, who was second in command of the Irish Hospital and from whom we received many courtesies. A week or so later we were joined by three Sisters of the 2nd Contingent, the fourth, Sister Horne, having been invalided to Madeira. Here we remained until November, when we received orders for Wynberg, pending embarkation for Canada. After completing a year's service, Col. Gubbins, P.M.O., Pretoria, gave us 10 days leave, which we spent in visiting Natal, stopping at Ladysmith, Spion Kop, Colenso, Chievely (where Lt. Fred. Roberts, V.C., Lord Roberts' only son, is buried), Pietermaritzburg and Durban. We were unfortunately delayed in reaching Pretoria by the line having been cut by the Boers, and so arrived back there too late to join The Royal Canadian Regiment, with whom we were to have gone home via England.

During our service in Pretoria, Major Denison was most kind in looking after our comfort. After being eight months under canvas on the veldt, a roof over our heads and plenty of water seemed great luxuries. I should like also to mention the kindness and courtesy with which we were invariably treated by the Royal Army Medical Corps. Surgeon-General Wilson, the P.M.O. of the Army in South Africa, with whom we frequently came in contact, was unfailing in his courtesy to us, while Col. Gubbins, P.M.O., Pretoria, Lt.-Col. Wood, P.M.O., Kroonstadt (with whom Sister Forbes and I served eight months), Lt.-Col. Keogh, P.M.O., Springfontein, and Lt.-Col. Grier, P.M.O. No. 1 General Hospital, Wynberg, were equally kind and courteous to us on all occasions. Superintending Sisters Miss Sidney Browne, R.R.C., Miss Garrioch, Miss McCarthy and Miss Chadwich were all most kind and appreciative of our work. We found in Lt.-Col. Biggar (late Major-General Biggar, C.M.G.), a firm friend for our interests at the base, and were indebted to him for many kindnesses.

On the 13th of December, 1900, we embarked on board the "Roslin

Castle" with the 2nd Contingent, which had orders to sail direct to Halifax. This was a great disappointment to us as we had looked forward with much pleasure to visiting London. After a week at sea several cases of enteric fever developed. From Cape Verde the weather was very rough and nursing became most difficult. We were greatly saddened by the death of two to our patients, Sergt. Inglis, R.C.D., who died on New Year's Day, and Lieut. Sutton, R.C.D., on January 6th, when only two days out from Halifax. Late in the afternoon of January 8th, we sighted Chebucto Head and later in the evening found ourselves safely back in our much loved land, "the Lady of the Snows."

After arriving back in Canada we veterans formed the nucleus of a Reserve of Nursing Sisters, and when a year later, owing to continued trouble with De Wets' Commandoes, a 3rd Contingent was being sent to South Africa, eight Nursing Sisters, four veterans and four recruits, were attached again for duty with them. We all sailed together this time, not on a troop ship, but by the mail boat from Halifax to Liverpool. After a week's delay in London we sailed by the Union Castle Liner "Saxon" from Southampton to the Cape, and from there to Durban via a returning hospital ship. Our orders were for Harrismith, where we served under Lt.-Col. Westacott, R.A.M.C., P.M.O., and Supt. Sister Miss Chadwich, R.R.C., and here we remained until after peace was signed at Vereeniging on May 31st, 1902.

We much enjoyed the peace celebrations including a gymkhana in which the Canadians took three prizes. All Officers, Sisters and Tommies were given an eighteenpence credit at the canteen! Since Canadians are supposed by some to have still a flavour of the wild Indian, I chose a pipe (of peace) as a most fitting gift. On this one of our men carved very wonderfully a head of Kruger and the dates 1899-1902. This made a charming souvenir.

In June we received orders to embark at Durban for Canada. The King's Coronation was to take place on the 28th, and as we passed each station en route we were much impressed by the efforts at decoration —Alas! we arrived early in the morning of the 24th at Durban to find joy turned into sorrow, owing to His Majesty's sudden illness; and the places arranged for gala celebrations were turned into meetings for intercessory prayer.

We arrived safely at Halifax on the 24th July, and again demobilized into private citizens.

In 1905 the British Troops left Halifax and the Canadian Permanent Forces took over the Garrison, Col. Drury, C.B. (late Major-General Drury), becoming General-Officer Commanding.

In August, 1906, I was appointed Sister-in-charge of the Station Hospital, and in November Sister Margaret C. Macdonald, (later Matron-in-chief, R.R.C., C.A.M.C.), joined me, thus starting the Permanent Force of Nursing Sisters. A few months later I was made a Matron, a Sister was appointed at Quebec, and later another at Kingston.

A year later courses were opened during May and September, where trained nurses could qualify for Military Service.

In 1907, Col. G. C. Jones (now Major-General Jones, C.M.G.), became D.G.M.S. at Ottawa, and in that year changed the khaki uniform to light blue—same pattern—white sailor hat with blue ribbon and corps badge in front; a staff cape—dark blue lined with red—and corps but-

tons for spring and autumn; for winter a dark blue great coat—double breasted, with corps buttons, a persian lamb cap with red brush on side and cap badge in front, and fur gauntlets. Also a full dress uniform of dark blue cloth with red facings, black boots and white gloves.

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It is now nearly forty years since I trained as a nurse. I have had charge of seven hospitals, three civil and four military. In Halifax I felt I belonged to the United Service, as we included the Bluejackets with our patients, and in the first years of the Great War had many French and Italian sick sailors, who were good and appreciative patients. I have done seven years—lacking three months—of active military service. My hair is now white and my blood pressure 200—a rate which causes often great discomfort. In fact I am long since a "back number," but the sight of soldiers or sailors marching, a bugle call, the sound of the drums or military band has power still to stir in me the old enthusiasm and once more I long to minister to such cheery, grateful patients as the Soldiers and Sailors of the King.

[**Editor's Note:** The foregoing article was written by Miss Pope at the request of the Convener of the Publication Committee, Canadian Army Medical Nursing Service, who kindly granted us permission to publish these interesting reminiscences as the leading article in this number.]

Georgina Fane Pope, writer of the foregoing article, who is a daughter of the late Judge W. H. Pope (a father of Confederation) and a sister

NURSING SISTER GEORGINA FANE POPE, R.R.C.

of Sir Joseph Pope, of Ottawa, was born at "Ardgowan," Charlottetown, Prince Edward Island. Miss Pope received her training at the "Mother of Training Schools in America"—Bellevue, New York. After graduation she had charge of Dr. Johnson's private hospital in Washington, D.C. Then for five years Miss Pope was superintendent of Columbia Hospital for Women, in Washington, where she started a training school for nurses. Owing to ill-health she resigned from the Columbia Hospital for Women. After a year's rest and a post-graduate course at Bellevue, Miss Pope was appointed in charge of St. John's Hospital, Yonkers, N.Y., where she remained until the autumn of 1899. A month later she sailed from Quebec to serve her country as a member of the Nursing Staff of the British Army during the Boer War. After demobilization in 1902 she was on the Reserve Force until 1906, when she joined the Permanent Force and was stationed at Headquarters in Halifax, N.S. During the Great War, Miss Pope served for a short time as Matron at Orpington and at Taplow before going to France as Matron of No. 2 Canadian Stationary Hospital. She was invalided home in 1919, since when she has retired into private life.

— Editorial —

The fifth Congress of the International Council of Nurses, to which the nurses of the world had been looking forward for many months, is now over, and the proceedings of the Congress form a most important page in nursing history. The nurses of the thirty-two countries who were privileged to attend the Congress are gradually getting home and once more taking up their daily tasks through which they give their contributions to the sick of the world. Each one returns with different impressions of the details of the Congress, but it was most apparent that all were returning with the same impression of the great outstanding message, which was the fact that nursing had no nationality. Nurses the world over may have differences of race, religion, language and customs, but they meet on the common ground of professional responsibility, since in all lands the nursing care of the sick of the nation is placed in their hands.

The Congress in Helsingfors contributed greatly to the better understanding of the many problems in every country, which the nurses of that country are bravely and courageously undertaking to solve. The nurses felt drawn together and the distances between countries seemed to lessen. The spirit of international sympathy and understanding grew as the days passed, and at the end of the Congress week each nurse felt the truth and the force of the opening address of Bishop Gummerus, in which he said, "You are in our thoughts united in one large and noble sisterhood."

The Canadian nurses who were privileged to receive that message have assumed a great responsibility. The international spirit and broadness of vision must be passed on to other nurses, and the influence of international understanding and goodwill spread until each individual nurse feels herself a part of that great organization of nurses—The International Council of Nurses. The inspiration of such a congress should be felt by all nurses, and so bring about a world-wide interchange of whole-hearted encouragement and practical assistance in professional problems.

In Canada we think of our country as a young country, as it undoubtedly is when compared with the countries of the Old World, but Canadian nurses cannot make that same claim for their profession since the Canadian Nurses' Association was one of the early members of the International Council of Nurses. We owe this membership to the pioneers of our profession in Canada, whose courage and unselfish perseverance laid the foundation-stones, and whose broad vision enabled them to visualize the future development of nursing from a world-wide viewpoint. This seniority of membership brings with it added responsibility. The nurses of this generation must accept the challenge of our predecessors and thus foster and develop in every possible way their great vision of a world-wide sisterhood of nurses.

Modern Conception of Scarlet Fever

By A. H. GRAHAM, M.B., D.P.H.

Owing to the constancy with which haemolytic streptococci of one type or another have been found associated with scarlet fever, they have long been considered as a possible cause of the disease. Attempts to prove their causal relations have encountered many obstacles. It would be impossible in the scope of this paper to incorporate a complete review of all the literature that has been written regarding haemolytic streptococci in scarlet fever. Accordingly references to such works as have been outstanding have been made.

For many years attempts have been made to classify haemolytic streptococci and to produce curative sera.

Marmorck (1895)* first attempted to produce a curative serum by immunizing horses against streptococci, using living cultures for injection. The serum obtained was used in high dosage of 100-200 c.c. Moser and Von Pirquet (1902-1903)† concluded that streptococci from cases of scarlet fever were different from those from other diseases. They found that sera from convalescent cases of scarlet fever consistently agglutinated streptococci from scarlet fever patients, in low dilutions, and sera from other sources rarely. Salge (1902-1903) obtained similar results, Aronson (1903), Neufield (1903), Weaver (1904), claimed that they could not find any specificity of streptococci in scarlet fever by agglutination or otherwise. "It is quite evident that various workers disagreed as to the possibility of a specific strain of streptococcus for scarlet fever. This attitude persisted until 1919 when, due to concentrated efforts of a number of investigators, consistent results were obtained in regard to a specific grouping of haemolytic streptococci in scarlet fever cases."

Dochez, Avery and Lancefield (1919)‡, Havens (1919), Tunnicliff (1920)✦, Gordon (1921)⊕, Bliss (1922)○, Eagles (1923)●, found that by agglutination experiments, absorption of agglutinins, protection experiments, and to some extent by fermentation of sugars, the specificity of this group of haemolytic streptococci could be demonstrated.

In order to establish this specific group as the causative factor of scarlet fever, it was essential that the organisms should fulfil Koch's law. This was successfully carried out by Dick and Dick (1923)§, who obtained their culture from an infected finger of a nurse on a scarlet fever ward. Successive attempts to reproduce the disease in animals were practically a failure. Following the injection of the animal a reaction occurred in the majority of cases, with an occasional rash and more rarely desquamation. Guinea pigs were the most susceptible of all animals and a higher percentage of positive results was obtained. However, the clinical condition produced did not sufficiently resemble the disease to justify the designation of experimental scarlet fever.

Human volunteers were necessary for the solution of the problem, and accordingly several volunteers were experimented on. Active cultures were smeared on tonsils and pharynx and in one volunteer a typical case of scarlet fever was reproduced, which followed the usual course without complications. The series of human inoculations was limited to some extent due to financial remuneration required to compensate for the risk assumed by the volunteers. The streptococcus used was a pure culture and was recovered from the experimental case of scarlet fever and reproduced again in pure culture. This experiment definitely linked up the specific strain as the causative factor of the disease.

It was still necessary to show, however, whether the experimental case of scarlet fever had been caused by the haemolytic streptococci or a filtrable virus associated with it in culture.

A second group of volunteers was used and inoculated with a culture which had been passed through a Berkfeld V filter. For two weeks following no reaction occurred and the group were again inoculated, using an unfiltered culture. One volunteer developed a typical case of scarlet fever 48 hours later. This conclusive ly proved that the disease was produced by the haemolytic streptococci and not by a filtrable virus.

Since the haemolytic streptococcus is present consistently in the throats of scarlet fever patients, and rarely found in the blood stream, the rash itself must not be produced by a direct action of the streptococcus on the skin. It was found that the haemolytic streptococci produced a toxin, which, on being absorbed into the blood stream, caused nausea, vomiting, fever and a typical rash. The haemolytic streptococci must be grown on suitable media for toxin production and the culture is filtered through a Berkfeld V filter. The filtrate contains the toxin and its action can be destroyed by boiling.

This discovery was an important step and offered a scientific basis for future work. The toxin was the means for (1) developing a skin test for susceptibility to scarlet fever, (2) preventative immunization, (3) production of antitoxin.

The skin test, the Dick test, so called, in recognition of the original work of Dick and Dick, consists of the injection of scarlet fever toxin (dil. 1-1000), 1/10 c.c. intracutaneously on the anterior surface of the forearm. As a control toxin is used which has been inactivated by heating at 100°C. for one hour, 1–10 c.c. of 1-1000 dilution is injected intracutaneously at a point not less than 3 cms. from the test dose. These injections cause small wheals to be raised which disappear in a few minutes. Positive reactions usually begin to appear in from 4 to 6 hours after injection. At first they consist of small circles of erythema. This red area increases and reaches a maximum size and intensity in 18 to 36 hours. In less positive reaction the maximum is reached in 18 to 24 hours. The redness is frequently associated with some swelling of the skin. In the most strongly positive tests the reddened area continues to spread and swelling increases up to 36 hours after inoculation. Soon after reaching their maximum size and intensity the reactions begin to subside. Even the most strongly positive do not persist after 48 hours. The bright red colour becomes dull and begins to fade. The swelling disappears, leaving only a faintly yellowish area, which sometimes desquamates during 7 to 10 days following the test.

Reactions are classified according to their severity, that is, area of redness and intensity of induration and e derness. Four types of reactions are as follows: (1) negative, (2) positive, (3) pseudo, (4) pseudo-combined. Readings should be made on the tests at the end of 18 hours since many reactions fade rapidly from 18 to 24 hours. Negative reactions are only seen as a faint pink streak along the course taken by the needle.

A moderately large series of tests has been carried out to determine susceptibility of individuals by age groups from birth until adult life. The results indicate that the reactions are similar in mother and offspring during the first six months of life. The reaction persists in the child from 6 to 9 months ot age. The percentage of positive reactors is greater at 4 years of age, 60 to 70 per cent., gradually decreases after 4 years until adult life about 20 per cent. are susceptible.

Persons who have had the disease give a negative reaction in a majority of cases; showing that an immunity is conferred after an attack of scarlet fever. In active cases the test is strongly positive during the first 2 to 5 days and gradually becoming less positive after this time until at 12 to 16 days a negative test is the rule, to which there are a few exceptions.

Immunization by use of toxin:— When small amounts of toxin are injected into susceptible persons they may develop general malaise, nausea,

vomiting, fever and a scarlatinal rash. These symptoms appear within a few hours after the injection and disappear within 48 hours. By beginning with a small dose of toxin it is possible to immunize susceptible persons without causing a severe reaction. The toxin must first be carefully standardized on human beings in order to determine the skin test dose. No animals have as yet been found which are suitable for standardization purposes. Persons are immunized by injections of toxin at 5 to 7 day intervals, beginning with a small dosage. This work as yet is only in an early stage of development but a working standard has been adopted by certain men as follows:

(1) Adults, 250-500-500 skin test doses.
(2) Children, 250-500-1000 skin test doses.

Experience has shown that immunization must be carried to a point of a negative skin test. The first change that appears in the skin tests during the course of immunization is a more rapid fading. Later, usually within a week after the last dose of toxin is given, it becomes entirely negative. The skin test should be repeated after 2 to 3 months as a safeguard.

Following an acute attack of scarlet fever it is evident that an immunity has been produced. For many years efforts have been made to produce curative sera and a few encouraging results have attended the use of these sera.

Antitoxin:—In 1917 Schultz and Charlton made the observation that serum from a convalescent scarlet fever patient, if injected in 1 c.c. amounts intracutaneously, would cause blanching in a scarlet fever rash about the site of injection. This was called the Schultz-Charlton phenomenon and the explanation offered as to its mode of action was the neutralization of the toxin in situ in the skin. Thus serum from convalescent patients contains anti-bodies which are specific and would explain the nature of inherited immunity in the offspring for a period of six months. This property of convalescent serum has made it of value in active treatment in certain cases of scarlet fever.

In a similar manner to immunization antitoxin can be produced by injecting increasing doses of toxin into a horse at intervals of 5 to 7 days. The antitoxin thus obtained must first be carefully standardized by making mixtures with varying quantities of toxin in known strength, and the mixture used for skin tests on susceptible individuals, before being used for active treatment.

Antitoxin added to a proper volume of toxin or convalescent serum plus toxin when used as a mixture for skin tests in individuals who have previously had strongly positive reactions will now give negative reactions.

The broadened outlook as to the causation of scarlet fever, the production of a toxin and antitoxin, has opened up many new channels for future research work on scarlet fever and many allied diseases. Knowledge of the present conditions may be practically applied with every hope of success.

Conclusions

1. Scarlet fever is caused by a specific strain of haemolytic streptococcus which can be distinguished from other strains by agglutination experiments, etc., but not as yet by cultural or morphological characteristics.

2. This specific strain produces a toxin which will produce on injection a typical scarlet fever reaction.

3. The Dick test is a reliable index of immunity or susceptibility to scarlet fever.

4. In conjunction with active immunization with scarlet fever toxin it will help in control of scarlet fever.

5. It serves to indicate the susceptible persons who need immediate passive immunization with scarlet fever antitoxin.

6. The Dick test is an aid in diagnosis of doubtful cases of scarlet fever.

7. The scarlet fever toxin is neutralized in multiple proportions by antitoxic sera.

8. The specific character of toxin produced by many different strains of haemolytic streptococci may be studied by use of the skin test.

9. The streptococcus group will be further investigated in other diseases for purpose of prevention and treatment.

10. A new impulse to the study of scarlet fever has been given by recent successful advances.

(A. H. Graham, M.B., D.P.H., Fellow of International Health Board of the Rockefeller Foundation, Department of Hygiene and Connaught Laboratories, University of Toronto.)

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Nursing Advisory Board League of Red Cross Nurses

A meeting of the Nursing Advisory Board of the League took place at League Headquarters from August 12-14. Baroness Mannerheim presided, and the following members were present:—

Miss Lloyd-Still, matron, St. Thomas' Hospital, London; Miss Munck, president of the Scandinavian Nurses' Union; Countess Louise d'Ursel, secretary of the Federation of Belgian Nurses' Associations; Marquise di Targiani Giunti, of the Italian Red Cross; Miss Mary Gardner, superintendent of the Providence District Nursing Association, representing Miss Fox, U.S.A.; Mme. Mascart, member of the Administrative Committee of the Union of the Women of France (French Red Cross), representing Mlle. Flourens.

Among the guests invited to hear the reports of the members of the Division the first morning were: Miss Goodrich, Miss Clayton and Miss Carr, of America; Miss Walker, of Soissons; Miss Crowell, of the Rockefeller Foundation; Miss Gullan and Miss Daunt, of England; and Miss Baud, one of the International Students, of Holland.

Mr. Kittredge, speaking for the Director-General in his absence, welcomed the members of the Board and assured them that the League was doing everything in its power to assist Red Cross Societies to develop their nursing services. He said that as far as its present policies would permit, the League had put into effect the recommendations passed by the Board last year; and expressed appreciation of the technical advice of the Board, and satisfaction at the progress that had been made in the international field of nursing during the year.

Dr. Sand spoke to the members of the Board on the decisions taken by the Board of Governors of the League at their recent meeting and read and explained the resolutions adopted. He sketched the work of each of the Divisions of the League Secretariat, and the policies and programme, assuring the Board that the League would give the nursing programme every support. Miss Olmstead then reported on the work of the Nursing Division during the last year and on the development of Red Cross nursing throughout the world. Mrs. Carter read her report on the

International Courses, of which she is the Director of Studies. Miss Lefebvre reported on the study visits to the Nursing Division, and Miss Smith on the activities of the Division in connection with publications.

The following two and a half days were given over to careful consideration of the reports of the members of the Division and to a discussion of its problems. Miss Gardner, the Marquise di Targiani Giunti, and Miss Lloyd-Still were appointed to form a Resolutions Committee, and drew up a series of resolutions which will be submitted to the Director-General.

(Information Bulletin, League of Red Cross Societies, September 15, 1925.)

The Red Cross Outposts of Northern Ontario

By MABEL SHARPE, Reg.N.

The term Outpost immediately produces a mental picture of a station in a lonely settlement on the border of No Man's Land. This is true of the original Outpost opened by the Ontario Division of the Canadian Red Cross Society.

In the rather isolated community of Wilberforce, with the nearest doctor thirty miles away, a small residence was converted into a nursing station. Here the nurse has her home and accomodation for two patients, which enables her to look after the seriously ill and those requiring special care. In addition to this the nurse is doing a large amount of community visiting, including caring for the sick, disease prevention work, and school inspection both in the village and the surrounding district. This type of Outpost is proving of limitless value in the smaller communities. Others are being opened this year in different parts of Northern Ontario. In some of these communities there is a resident physician, which greatly facilitates the work of the nurse.

Following the fire of October, 1922, two emergency Outposts were opened, one at Englehart and one at Haileybury. Private residences were converted into Outposts where all fire sufferers were treated free for six months. The work at first in both was chiefly medical and obstetrical, with some minor surgery, such as tonsils and accident cases. The Outposts were more than hospitals to many of these people. Winter coming immediately after the fire gave the people no chance to build homes and they had to content themselves with shacks. Many of these shacks being small and overcrowded, it was small wonder that the women became disheartened and sick. Some of these were treated in the Outpost for a week or ten days and the change wrought in them seemed almost unbelieveable. When dealing with this type of patient it was the home atmosphere which had to be developed. The white furnishings of the wards and uniforms of the nurses appealed to them greatly, but in the afternoons when the routine work was over the patient would ask the nurses to get out of uniform and put on their "pretty" dresses. Small attentions like this meant so much to the people after the drab life they were forced to lead in their own homes. Then, too, the victrola was a constant delight to them.

The Outpost at Haileybury replaced the hospital operated by the

Sisters of Providence, which had been destroyed by the fire. With three resident surgeons the lack of an operating room was greatly felt. It was not always possible or even advisable to transfer or send operative cases to the hospitals in the neighbouring towns. The only alternative was to operate with the accommodation provided. An operating table, basin stand, high instrument tray and electric sterilizer for instruments and water were installed. There was already a small sterilizer for dressings.

The first major operation performed was an appendectomy. A two-bed ward was cleared. The next problem was the walls and ceiling. The ceiling was very high and calcimined and the lower half of the walls papered, and that not very recently. It was finally decided that they should be washed with lysol solution. This treatment has been applied many times since and the paper looks none the worse. It is not, however, recommended for all types of wall paper!

This first operation, in January, 1924, proved so successful that many more were performed. In March there were twenty-two, fifteen of them being majors, including appendectomies, hysterectomies, cholecystectomies and others. This demonstrated so clearly the great need of an operating room that one was built by the Provincial Chapter, I.O.D.E., the owners of the building, with the assistance of the Local Chapter. By this time the staff had been increased from two to four graduate nurses.

Since the opening of the new operating room in July there have been 320 operations, including tonsillectomies and all kinds of minor operations, majors of all types, and bone-platings. It is just a small room, fifteen by eight feet, but it is a great improvement on having to clear a ward for every operation.

In sparsely settled districts these Outposts are proving of untold value. The distances are great, some of the patients being brought in from thirty to sixty miles. Then, too, in some seasons the roads are almost impassable. It is indeed practically impossible for the doctor to give patients the needed care unless he has some central place to which he can bring the sick. With the large hospitals two and three hundred miles away it means the saving of lives to have these Red Cross Outposts scattered throughout Northern Ontario.

The three and five bed Outposts with the staff of two nurses are being replaced by the seven and ten bed types with an operating room and a staff of three and four nurses. This provides for a much larger and more interesting piece of work. New Outposts of this kind are now being opened at different places farther north and west. At present there are twelve Red Cross Outposts in operation with a total bed capacity of seventy-eight, and a nursing staff of twenty-three graduate nurses.

While life in an Outpost is usually a busy one, it is not all work and no play. The people in the north are very sociable and hospitable and most generous in opening their homes to the nurses. Then, too, watching the growth and development of a new country adds to the attractiveness of the life. Knowing that one is helping to accomplish something really worth while compensates for the lack of some of the comforts and associations that a city affords. But for a life of usefulness and real happiness no field of nursing has more to offer than the work in one of the Red Cross Outposts.

[Mabel Sharpe, Nurse - in - Charge, Haileybury Red Cross Outpost.]

Opening Address at the International Council of Nurses

By BISHOP JOAKKO GUMMERUS

(Text: I. Corinthians, 13, 3-8a)

You have come from all parts of the world to our far north, which now receives you with all the concentrated fullness of light and warmth which it has during its short but beautiful summer. It is our desire that you may also feel how our hearts and minds are opened to welcome you.

You come to us as representatives and servants of a great work of humanity and love, as soldiers in a noble army fighting against the life-destroying powers of sickness and death. We all, who are standing outside your ranks, have at some period of our life obtained help and aid through you, either personally or for some dearly loved one, at whose sick bed we stood with trembling heart, and we are indebted in deep gratitude to you. When visiting a hospital we see the heaped accumulation of suffering within its walls, it makes us feel anxiety and sorrow, but these feelings are at the same time outweighed by rejoicing and thankfulness as we see there also the work of compassion and love, combined with skill and training in its brightest form.

We call you sisters, and there is pure tenderness as well as honour and esteem in this name. We see you all in those we have come across, and what one of you has done for us, we regard as done by you all. You are in our thoughts united in one large and noble sisterhood, representative of the highest womanhood. How have you achieved this position? Not merely by your skill, not merely by your unwearied toil, not only by the blessed results of your endeavours, valuable as all this may be. We often enough see you struggle in vain against the terrible foe, sickness and death, and still, in such situations you gain our affection the more. It is not because, in a figurative sense, you have bestowed all your goods to feed the poor, and have given your body to be burned, that you have won our hearts, but because you have partaken of that greatest of gifts, love. It is because you have shown, or as far as you have shown, those noble traits of character which are described by the Apostle in that song of songs, of which we have read a passage today —of that love which suffereth long, and is kind; which envieth not; which vaunteth not itself, is not puffed up, seeking not his own, beareth and hopeth and endureth all things and never faileth. We have seen so much of this love inspiring and supporting your work that we have seen the great ideal which stands before you.

And you have come to this holy place, not to take part in a mere ceremony, not only to listen to song and music, but because, before plunging into the manifold practical questions which fill the programme of these days, you desire an uplifting of your hearts and a concentration of your minds upon this high ideal, which is the soul and spirit of your work and the real uniting force in your world-wide sisterhood. Such an uniting force it is because this love has common origin, of no merely human, but godly nature. As says the Apostle: "Love is of God; and everyone that loveth is begotten of God; and knoweth God. He that loveth not, knoweth not God; for God is love." (I. John 4: 7, 8.)

If you are not all ready to join a confession in such outspoken words, there surely is not one of you who is not aware that the power of real love and compassion does not depend on ourselves and cannot be developed by purpose or decision of our own will; it must be set on fire by a spark, coming from a source which is higher than our individual life. Our life work must be placed in connection with some great purpose of the human world as a whole; it must be anchored in the deepest ground of our own nature. What gives us this aspect of our work and this anchorage? Only religion. Only the communion with the Eternal. Our soul cries with Augustine: "My heart is restless until it finds rest in Thee."

And the Eternal, who is love and the source of love, gave us His beloved Son, who emptied Himself, taking the form of a servant (Phil. 2:7); who came, not to be ministered unto, but to minister, and to give His life a ransom for many (Matt. 20:28); who seeing the multitude had compassion on them and healed their sick (Matt. 14:14); who taught us in words and example the law of self-sacrifice, that he who seeks to find his life shall lose it, but he that loseth his life shall find it (Matt. 10:39); who gave us an insight into the meaning and blessing of suffering, which we need, lest we fall into desperation, when we are dealing with so much suffering in the world. The Divine Fire is burning here. That fire kindles the fire in our poor and cold hearts; and it does it, first of all, if we humbly and gratefully accept the mercy and love of the Heavenly Father, which He was sent to bring us. This gift pours into our hearts the joy and peace which we need to be capable of blessed and successful work. Not the peace of calm resignation or rigid duty, but the peace of God, which at the same time is love and makes us the more sensitive to the sufferings of other people, being "the only clue to the mysteries of life."

None of us can boast of having enough of the fullness of this love. All of us must be deeply humiliated before that ideal, as it meets us in Jesus Christ. But in humiliating ourselves we are uplifted by His grace. May we seek this source of power in prayer and devotion, desiring to be what we **ought** to be.

The nurse's calling is a profession like other professions. But the religious aspect of life means that a profession shall be sanctified to a **vocation**, a life work given from God, in which we serve Him and carry out His will. Not every profession can in the same degree be thus sanctified to a divine vocation; not every profession can satisfy the whole personality and develop all the possibilities which are slumbering in the soul. There are, in our time of industrialism and mechanical work, professions so empty and standardized that not even the religious aspect can give them the character of a positive life work. A profession of that kind is only a means of livelihood, and the vocation must be found somewhere else beside it. But in this respect the profession of a nurse stands on the highest possible level. Profession and vocation can fully correspond with each other. When she devotes herself to the service of suffering humanity, all the strength, all the insight and interest, all the human sympathy and divinely inspired love she is capable of are required of her. It is a service of man to man, with all the heart in the service. This service cannot be done with calm calculation of how much it is worth while doing. Here you must give your life to win your life. In doing so you are fellow-workers in that great Kingdom of God, which unites all races and nations unto one body and spirit. Amen.

Improper School Seats

By SAMUEL A. CHALLMAN in "The Northwestern Health Journal"

(Illustrations by courtesy of the Minnesota Public Health Association.)

Figure 1 — Photograph of twelve-year-old girl, in ideal posture. The white string on the seat shows the position of the seat-bones. A chalk mark indicates the apex of the hip. Note how the buttocks extend behind the seat-back.

In one of his "Little Journeys," Elbert Hubbard discovered the Morris chair, which he at once recognized as "built by a man who understood anatomy." Bogus designers have since tried to give us something just as good, but have failed for the very reason that they were making an article to fit their fancy, while William Morris (1834-1896) shaped his chair to fit the human body.

Any seat or chair really intended to meet the needs of the home, the office, or the school should be so constructed as to enable the body to balance comfortably, while assuming an active or a restful position. Ask yourself now if the chair which you occupy gives you this feeling of comfort.

Poor Seats Affect Health

At no time in life is the correct position of the body of more importance than during childhood. Particularly is this true of the posture of the child while occupying a seat in school, since it is required to be in its seat five or six hours each day for five days of each week during nine to ten months of the year.

It requires no great acumen to see that an improperly constructed seat may seriously affect the health and physical development

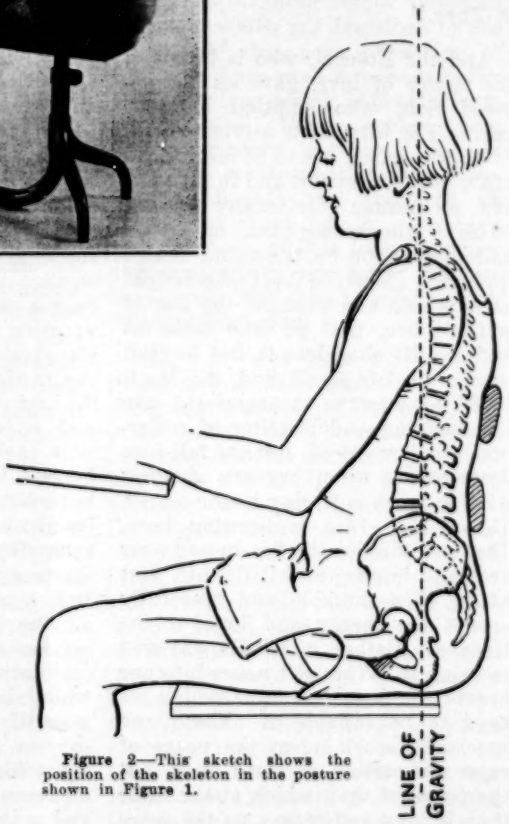

Figure 2—This sketch shows the position of the skeleton in the posture shown in **Figure 1.**

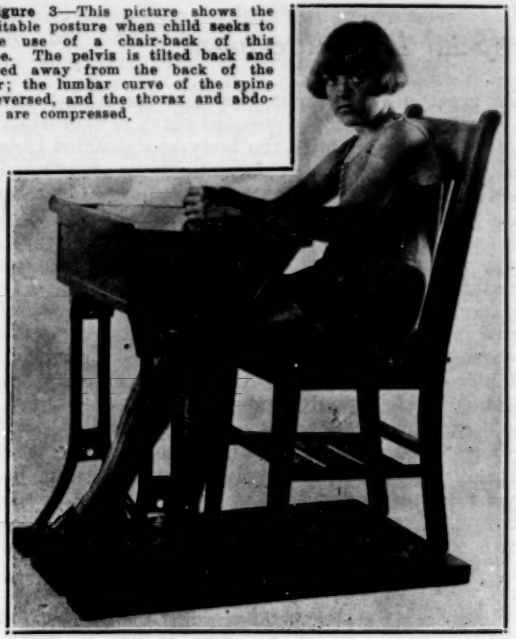

Figure 3—This picture shows the inevitable posture when child seeks to make use of a chair-back of this shape. The pelvis is tilted back and shoved away from the back of the chair; the lumbar curve of the spine is reversed, and the thorax and abdomen are compressed.

of any child who is occupying it from day to day. What the proper kind of school seat ought to be can best be told by the illustrations, designated as Figures 1 and 2. What it ought not to be is graphically depicted in Figures 3 and 4.

In referring to Figure 1, note how well the back is supported, how naturally the trunk rests on the seat, and how free the legs are at the knee. Figure 2 indicates still more conclusively how carefully the various conditions have been met by giving an X-ray picture of correct anatomical posture.

In Figures 3 and 4 the negative aspect is clearly shown, indicating how the straight back and flat seat produce a position which, if continued day after day, will result in a maladjustment of the seat bones and the vertebra, a compression of the chest cavity and the organs of digestion, stooped or round-shouldered carriage of the body, and a laboured functioning of the vital organs.

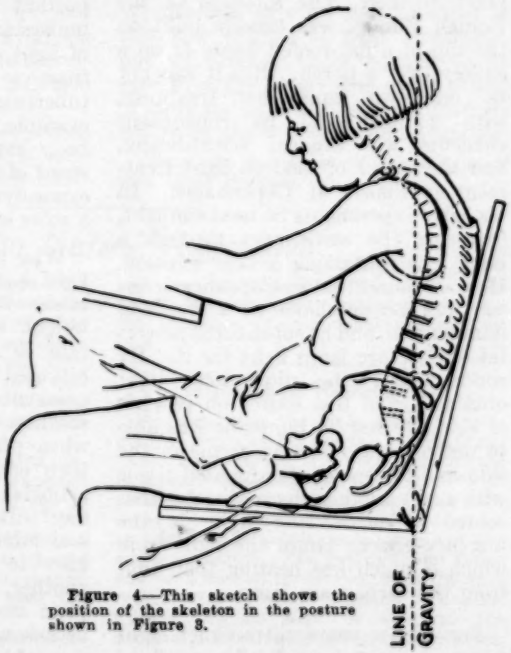

Figure 4—This sketch shows the position of the skeleton in the posture shown in Figure 3.

Menace to Bodily Growth

To what avail has been the care during pre-school age if, with its admission to school, the child is handicapped by conditions which tend to mis-shape the skeleton, ensmall the chest, obstruct the digestive functions and reduce the vitality of the body?

The question is asked not for rhetorical effect, but in all seriousness, because every child has an inherent right to a seat in school which will promote health and physical development. The whole matter may appear to be so simple that no discussion of it seems necessary, but the stubborn fact remains that year after year, old, unhygienic seats are allowed to remain where they constitute a menace to the healthy growth of our children.

Artificial Light Treatment

During the past decade great advances have been made in the prevention and treatment of a variety of diseases by artificial light. It might, indeed, be claimed that the most important advance in the science of medicine during that time has been made in this field. Today we prescribe a course of light baths to the patient who, a generation ago, would have been given a bottle of medicine containing a quaint assortment of drugs, a teaspoonful or tablespoonful to be taken thr e times a day, in the hope that the mixture would expel the disease. Indeed we have only to look back a score of years to realize how quaintly and pathetically inadequate our remedies were at that time. They were not much better than those of the Middle Ages.

Treatment with sunlight dates back to the Roman Empire and probably much further. The solarium of the Roman Empir was usually built on the top of a flat-roofed house or on a gallery over a porch. But it was not till our own times that treatment with sunlight and its constituent elements was studied scientifically, and the father of modern light treatment is Finsen of Copenhagen. In his early experiments he used sunlight, focussing the sun's rays through a large lens containing a blue solution. He soon found that in Copenhagen the sun was too unreliable as a source of illumination, and he substituted powerful electric arc lamp light for it. By concentrating the ultra-violet light obtained from this source on patches of skin affected by lupus, he was able to destroy the infecting germs in the skin and to replace the diseased tissue with a soft and healthy scar. Another source of ultra-violet light is the mercury-vapour lamp, the light from which is much less heating than that from the carbon arc lamp.

For many years ultra-violet light treatment was practically confined to lupus, this light being concentrated on the diseased patch of skin while the rest of the body was shielded from its action. Investigations conducted at the Finsen Institute in Copenhagen have, however, shown that ultra-violet light is most effective when the whole body is subjected to its action. It is now realized that the failures observed in the local treatment of lupus with Finsen's concentrated light were due to two factors which, until quite lately, have been very imperfectly understood. Lupus, it is true, appears as a strictly limited patch of disease on the face, but this patch is often merely the outward and visible sign of a deep-seated tuberculous infection. To treat only a little patch of lupus and to ignore the rest of the body was, therefore, like cutting off the leaves of a weed without destroying its roots. The other factor, which we now realize is most important though we do not yet fully understand it, is the beneficial action of light on parts of the body remote from a diseased area. To cure a tuberculous process in the neck, for example, we now give the whole body exposures of artificial light instead of those small and concentrated exposures with which we were satisfied a score of years ago.

Why is it that a universal artificial light bath increases general vitality, raises the body weight of underweight children and increases their rate of growth when it has been retarded? And why is their mentality quickened, and why do dull, lethargic children become bright and intelligent when practically the only change in their environment is the exposure to artificial light for a few minutes every day? It is the custom of diplomatists and other presumably intelligent persons to answer one question with another, and as we cannot give a plain answer to our own question, let us ask why both the animal and the vegetable kingdoms languish in the

dark and flourish in sunlight? Candidly, we cannot tell. But we do know that the action of sunlight is very complicated, and that some of its constituents are much more health-giving than others. And it is by breaking up sunlight into its constituent elements and by employing only its most beneficial constituents, that we shall achieve the greatest and most rational successes. In this way we shall be following the example of the chemist who, instead of giving a handful of herbs to a patient, extracts the potent alkaloids from them, separates the injurious from the beneficial alkaloids, and gives the latter in scientifically graduated doses. So, though we do not know precisely how the constituents of sunlight act, we are now able to separate them from each other, giving the patient scientifically graduated doses of those constituents which we have learnt, more or less empirically, to be beneficial. We may, in fact, compare the patient who attempts to cure himself simply by eating herbs, with the patient who spends all his day in the sun and wonders next day why he has a racking headache and feels less well than ever. Every good thing is bad if indulged in to excess.

What are the diseases for which treatment with artificial light is suitable? Their number is probably limitless or, to be more exact, there are probably few morbid conditions which would not respond satisfactorily to some form of light treatment when it has become much more specialized than it is at present. Meantime some of the diseases which we already know to be amenable to this form of treatment are tuberculosis, rickets, blood disorders, neurasthenia, some forms of rheumatism, and tetany or a tendency to convulsions in infants. It has been found, in rickets for example, that the phosphorous content of the blood which is below normal in rickets, is raised to the normal level within four weeks after a total exposure of only about 100 minutes to ultra-violet light. Again, in the case of tetany, infants who have been subject to convulsions on very slight provocation, become perfectly normal in this respect within a month of the beginning of a course of light baths. Recent experiments have even shown that, in children suffering from diabetes, light baths may have a beneficial action similar to that of insulin. We are still only on the threshold of this new science of light treatment, but we already know enough to be sure that the future has great things in store for us if our research workers are given the necessary opportunities.

(From the Secretariat of the League of Red Cross Societies.

Canadian Nurses' Association

Every federated association in the Canadian Nurses' Association is reminded that preparations for the general meeting of 1926 are now under way. Recently a nomination blank for 1926-1928 has been mailed to the secretary of each federated association. These forms must be completed and returned to the National Office not later than January 31st, 1926.

If the secretary of any federated association finds that she has not received a copy of the nomination blank, she is requested to immediately notify the Executive Secretary, 609 Boyd Building, Winnipeg, Man. Such a request should state if there has been a recent change in the office as secretary, and give the name and address in full.

With preparations for the general meeting, 1926, well under way, it will be necessary for the Executive Secretary to be able to keep in direct communication with the secretary of each federated association.

International Headquarters

For some time the great need of a permanent headquarter for the International Council of Nurses has been felt by the members. At Helsingfors the office, with secretary and clinical assistance, was budgeted for by fixing a membership fee for all associations holding membership at five cents per capita. The International Office has been opened in Geneva, with the secretary, Miss Christine Reimann, in charge. Communications may be sent to the Secretary, International Council of Nurses, 1 Place du Lac, Geneva, Switzerland.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

A Dental View of Focal Infection

By Dr. L. G. SMITH

So much has been written about this subject, pro and con, that it is possible for one to become confused and wearied. Almost all complaints, from headache to toeache, have been attributed to the teeth, the result being that dentists were stampeded and teeth were ruthlessly extracted: some patients getting relief while others did not.

There is danger from infection, and a **real** danger wherever it exists. Sane treatment will accomplish much to destroy infection, which should never be allowed to remain in the mouth.

There are so many possible foci in the mouth that it is exceedingly difficult to get rid of all of them; and this is one reason for the disrepute into which focal infection has fallen, because any one infected condition present can and will cause trouble. There are in the mouth at least seventy-five possible foci. Nature has provided us with thirty-two teeth; each may be infected at the margin of the gum, the gingiva. Twelve molars have two, three, or even more roots, each a possible foci; the bicuspids have one, two or even three roots; the rest have one root, though some of these occasionally have two. Then each and every one may have pulp stones: a calcification of the same etiology as stones in the kidneys or gall bladder. Rosenow says in one of his articles in the Research Magazine that he believes pulp stones are often caused from infection and when such is the case they are themselves infected. Infection has been found in the majority of cultures made from pulp stones, and when an autogenous vaccine was made from them positive reactions developed in the patient.

A patient was suffering from arthritis. From roentgenograms a root was discovered where a second molar had been extracted some twenty years previously, with a large area of rarefaction surrounding it; and an area of rarefaction over the end of the left lateral, and pulp stones in all but three of the remaining teeth, none of which had a cavity and appeared to be in excellent condition. There was also a periclasia at the gingival margins of all the teeth: not bad, but sufficient to cause irritation. Treatment of the periclasia aggravated the patient's condition. Removal of the root and tumourous growth surrounding it produced severe reaction, as did removal of the tumour over the lateral. However, after three months her condition was no better, so the pulp stones were removed from a lower bicuspid, obtaining a strepto-viridans; an autogenous vaccine was made from this and injected by her physician. Several injections were given before any reaction was noted, but after six weeks her condition was so improved that she was almost free of arthritic symptoms.

In another case of arthritis two pulpstones were noticed and there was much infection in other places, but the patient was not relieved until the pulp stones were removed, following which an uneventful recovery took place, without the aid of vaccine.

In another case of arthritis and iritis the patient had suffered so severely from iritis that she had threatened to commit suicide. Her trouble was entirely from a periclasia, and when this was eradicated the arthritis and iritis disappeared; in fact, the pain left her eye after two hours' treatment was completed. This recovery was exceptional as the patient had had almost constant pain for three years.

How can the nurse help those for whom she is caring? The nurse is called in to aid the physician and patient. She should call attention to any symptom which in her opinion is or might be aggravating to the patient's condition. Note is made of temperature, pulse and respiration; the patient's body is kept clean and comfortable. These are necessary; but, also, how very necessary it ought to be to keep the mouth clean; that is, by brushing the gums and teeth and by having the patient use a mouth wash. The oral cavity is an ideal incubator, and the bacteria develop quickly if undisturbed. The small blood vessels in some cases are not protected at the gingiva and, naturally, the bacteria will find ready entry at this point. Therefore, take a toothbrush and, using either salt on the brush or a strong saline solution, cleanse the gums, first placing the bristles at an angle to the gum and giving a slight hesitating motion, sweeping down from gums to the neck of the teeth and over the outer and inner surface. The bristles must not be soft. This stimulation of the gums will produce wonderful results, and if done carefully will go a long way in keeping down periclasia. It also keeps bacteria from entering the blood stream by toughening or hardening the gums, just as the small boy when he leaves off his shoes and stockings walks mincingly for a while until his feet become toughened and soon he is able to run over gravel and stones with impunity.

While brushing gums and teeth the difference in the colour of the gums should be noted. Blue spots about the size of a large pin-head indicate where there has been an extraction; large areas of rarefying osteitis have been found under them when radiographed. Red spots indicate, as in other places, irritation, and consequently infection—for it is believed that all cases of irritation in the mouth become infected sooner or later. Swelling of any kind and any hypertrophied tissue should be noted.

There should be more comprehensive co-operation between physician and dentist, resulting in more efficient service to the patient. Broken-down teeth, roots, old amalgam fillings, are open to suspicion, as of course are crowns and bridges, and partial dentures.

Dentistry is really a young profession, the members of which are only beginning to realize their responsibilities. Dentists have educated their patients along wrong lines. Former errors must be acknowledged and corrected. Finances, too, enter into the question, for the overhead of a dental office is no mean item, and the restoration of lost tissue requires time, and well-developed skill.

At present it is impossible to state that infection will cause anything but local trouble: that is, a patient may have arthritis, iritis, endocarditis or other diseases, and this condition may be caused from the infection, but that conclusion cannot be reached before the infection is cleared up. Therefore, let it be remembered always that infection is a real menace wherever it is found.

(Read before the Alumnae Association of the Toronto Western Hospital.)

[Note: The article on the next page is taken from Bulletin No. VI., The International Council of Nurses, and was written by Sister M. Domitilla, Director of Education, St. Mary's Hospital, Rochester, Minn.]

Group Nursing

By SISTER M. DOMITILLA

The appellation, Group Nursing, is an unhappy one because it does not convey a correct idea of the system in question, and may indeed give a very erroneous idea of it. However, the writer's distaste for the term abated somewhat on hearing a man inquire at the business office of the hospital if it would be possible to have his wife cared for under the **club** system.

Following are the main features of group nursing as carried on at Saint Mary's Hospital:

1. One graduate nurse takes care of two patients during the day and another graduate nurse takes care of them during the night.

2. The two patients thus cared for are in adjoining rooms with an inter-communicating passageway; each room has an individual toilet, and there is a bath for the pair of rooms which is located on the passageway.

3. The nurses alternate by the month on day and night duty; that is, one of them is on day duty for one month and on night duty for the next month, and vice versa.

4. The day nurse has two hours off each day if the condition of the patient permits. All nurses have one-half hour off for each meal.

5. When one of the two patients is discharged from the hospital, it is usually possible the same day to put a new patient in his place.

6. The nurses receive five dollars a day and their meals. The patient pays the hospital $6.75 a day for the nursing service and the nurse's meals, and the hospital in turn pays the nurses.

7. The nurses on group nursing are really institutional workers. A nurse on duty in a given suite of rooms remains on duty there indefinitely; some of our group nurses have been on duty for two years without loss of time except for vacations.

8. The suites for patients in the group nursing system are located together in one section of the hospital and the group nurses are under the direction of a special supervisor.

Group nursing has been in operation in our hospital almost continuously for six years, and from this experience we have found that it affords the following advantages:

1. The patient has the service of a graduate nurse continuously for twenty-four hours and the cost is no greater than for a twenty-four-hour-duty nurse, who must get some period of rest during that time.

2. It eliminates the undesirable practice of having a nurse sleep in the same room with a patient, and the consequent need of supplying a cot, bed linen, etc.

3. It gives the nurse more regular hours of duty, of rest, and of recreation, and it affords her continuous employment.

4. It stabilizes the nursing service and makes for order and regularity in the hospital.

It is imperative that a nurse chosen for group nursing be capable of caring for two patients and that she be alert and fired with the spirit of service and good-will. The hospital administration must also manage to locate the patients in such a way that one nurse will not have two very sick patients to care for at the same time.

Some local factors that have contributed to the success of group nursing in our hospital are (a) the suites of rooms specially designed for this system; (b) the heavy registration of patients and the consequent need of economizing the graduate nurse service (the plan was formulated during the war); (c) the cordial and intelligent co-operation of the medical and nursing staffs and the hospital administration; (d) the serious efforts of the administration to make group nursing satisfactory.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

The Position of the South African Nurse

By Y. TREMBLE, M.B., B.C.

Nursing Organization in South Africa

South Africa was the first section of the British Empire to adopt the principle of the registration of nurses, but only in a partial and incomplete way. This promising start was due largely to the late Sister Henrietta, of Kimberley. That registration, however, was not compulsory—it is not today—and therefore was not satisfactory. The need for the compulsory registration of all practising nurses and midwives was felt very keenly by those inside the profession, as also was the necessity for representation on medical councils, the bodies which control the destinies of nurses in training and in practice. However, the nurses of South Africa were widely scattered and seldom came into contact with each other; therefore nothing was done towards an organized movement to elevate the profession into line with those of other countries until 1913. In that year the South African Nursing Record commenced publication, and a year later—after the outbreak of war—the S.A. Trained Nurses' Association came into being, with a membership of under one hundred. How keenly its advent had been awaited was shown by its subsequent history and by the fact that within seven years, most of them war years, the membership exceeded 1,000. Membership was open to all registered (not merely trained) nurses and midwives and to them recently has been added mental nurses (female).

I trust it will not be boring briefly to trace the history of this young organization. During 1914 and 1915 branches were formed in all the large centres of the Union, the delimitation generally following that of the B.M.A. In November, 1915, the first meeting of the executive body was held in Johannesburg, and there, after a run of temporary appointments, Miss B. G. Alexander, then Assistant Matron (now Matron) of the Johannesburg General Hospital was elected Hon. General Secretary, a post which she still fills. It is mainly to her ability and enthusiasm that the success of the association has been due.

The association found a keen friend in Lady Buxton, and one of its first actions was to start a fund for the care and equipment of South African nurses on war service overseas. The nurses in England and France formed an Overseas Branch, and this equipment fund, which was taken charge of by Lady Crewe, ran to a very big thing and disbursed thousands of pounds on the equipment of South African nurses at the front. It is a matter of pride that none was overlooked. The High Commissioner in London was given a sum of money, so that any South African girl who was ill or in difficulties was not stranded. The subsequent development of this fund was the formation of a Nurses' War Memorial Fund, dedicated to the memory of a number of South African nurses who gave their lives, both in action and by disease, during the

great war. An account of the activities of this fund will follow.

The return of an alleged peace allowed the association—now grown to big proportions—to turn its attention more to domestic matters. The next general meeting was held in East London in 1917. and since then they have been held annually in Pietermaritzburg, Johannesburg, Cape Town. Pretoria, Port Elizabeth, Durban and Bloomfontein. First of all it elaborated a Sick Fund or Benevolent Society, a form of cheap insurance whereby members exposed to financial hardship through sickness were assisted. The subscription to this fund was incorporated in the annual subscription of one guinea. Various other internal matters had to be attended to. The association was registered as a company in the Transvaal and issued a distinctive silver badge, which it was hoped would be the mark of the bona fide nurse in South Africa.

Then came other matters. The association took a hand in the evolution of the Nurses' Ordinance in the Cape— a piece of legislation dealing with leave and pensions. It interested itself in matters of the training of nurses and midwives. Most particularly, it agitated until it succeeded in having incorporated into the Medical Bill clauses which gave the profession those privileges of compulsory registration on medical councils without which it felt that no real progress could be made. Finally, in December, 1923, it received its greatest acknowledgment in an invitation from the combined medical councils of the Union to attend a conference in Johannesburg on the question of training nurses and midwives. At that conference practically every suggestion the association put forward was adopted by the medical councils of the Union.

I have always thought and said that the constitution of the S.A. Trained Nurses' Association might serve as a model for the B.M.A. For a guinea a year every member receives the right of membership, the Nursing Record monthly, and membership of the Benevolent Society. The Central Board meets once a year and delegates are elected in the proportion of one delegate to twenty-five members. The expenses of all delegates are borne by the association—one-half from the central funds and one-half by the individual branches. No delegate is out of pocket. The sick fund pays out about £400 a year and no deserving case has been allowed to suffer through illness. In addition there is the War Memorial Fund, but this deserves a full head to itself.

The War Memorial Fund

This fund was designed to help aged and incapacitated nurses who were unable to earn a living, but it has grown much beyond the original intention. It is run on a provincial basis, with a central control and the funds already run to some thousands of pounds. The interest on the money invested is distributed amongst aged and necessitous nurses (as apart from the sick fund, which is a form of sick insurance). There are many whose later days are being made easier by the operation of this fund. In addition, in the Cape there is a Holiday Home for nurses at Hermanus, a house and three acres of ground kindly given by Mr. H. G. V. Pickstone, where a nurse can have a topping holiday for £5 5s. a month, run by the Fund. Later—and not much longer—there will be in Cape Town a residential club and home for incapacited nurses. Already no South African nurse need die in poverty or end her days in undue hardship. Can any other organization show a more practical programme in such a time? And this has been done by the nurses themselves—only the few hundreds of them—by a loyal spirit of co-operation and altruism.

Nursing Legislation

The most important piece of legislation affecting nurses at present under consideration is the Medical and Pharmacy Bill, the nursing clauses of which will place that profession on a sound and professional basis. It provides for the establishment of a nurses' and midwives' register, and every nurse or midwife practising her art must be registered. Admission to the register is only granted after examination by an approved examining body and after a prescribed course of training in an approved training school, although in the first place any woman who has earned her living by nursing for three years prior to the operation of the Act will be admitted on submitting proof of reasonable efficiency and knowledge. The Governor-General in Council may declare certain prescribed areas in which only nurses so registered may practice and where practice by unregistered women will be a punishable offence. This will leave the scattered country districts open for untrained women to take on cases when a trained nurse is not available. The prescribed areas will presumably be urban areas where there is a plentiful supply of nurses and midwives.

The bill further provides for the representation of the nursing profession on the General Medical Council. This, when one considers how much of the council's time is taken up with purely nursing matters, is only fair. The nurses will be entitled to elect two members of the council, who may be medical practitioners, nurses, or midwives, and who shall sit in the council only when purely nursing matters are being discussed.

The little silver and blue badge of the association is a guarantee of the bona fides of the wearer as a registered nurse. Membership of the association is very jealously guarded.

(Y. Tremble, M.B., B.C. (London), editor of The South African Nursing Record. Bulletin No. VI., The International Council of Nurses.)

NOTE.—An error was made in the October number when it was stated that Miss Lilian Laurie, Royal Alexandra Hospital, Edmonton, contributed the article, "The Value of the Clinic in the Education of the Nurse." This article was written by Miss **Annie** Laurie, of the same institution.

Book Reviews

Simplified Nursing, by Florence Dakin, R.N.: 497 pages, Illustrated: J. B. Lippincott Co. Price, $3.00.

Miss Dakin has given to the world of nursing a book which will fill a long-felt need, by the fact that she has dealt with her subject in such a way that it will be of great service not only to graduate nurses and pupil nurses but to those interested in Home Nursing as well.

Each lesson is clear and concise, with the necessary details stressed and those to be avoided also pointed out. An excellent idea in these lessons is the note giving the articles which may be substituted in place of hospital equipment not likely to be obtained in a private home.

"Simplified Nursing" is a book which should find a place in Nurses' Reference Libraries as well as the home, because it deals so completely with nursing and nursing procedures.

Personal Hygiene Applied, by Jesse Feiring Williams, M.D., Professor of Physical Education, Teachers College, Columbia University, New York City. Second edition revised. 12mo of 414 pages, illustrated. W. B. Saunders Company, 1925: London and Philadelphia. Cloth, $2.50. McAinsh & Co. Limited, 4 to 12 College St., Toronto, Ont., Canadian distributors.

In reviewing this book, the aim of the author "to be scientific and accurate according to the latest information available," has been realized. The subject matter has been scientifically placed before the student in a simple, interesting manner. The course outlined in the revised edition of the Standard Curriculum by the National League of Nursing Education, composed of fifteen lectures in Personal Hygiene for Nurses, is followed closely by this author. "Health in Education and

Education in Health'' is the slogan, and the teaching that ''Health results from living in the proper way'' is emphasized.

The organization and arrangement of material in each chapter is excellent, specific and easily read. The chapter headings stand out in the index; a summary is placed at the beginning of each chapter. The divisions and sequence are most satisfactory. The chapter really beginning the course, entitled ''Muscular and Skeletal Systems,'' deals largely with ''setting up exercises'' and splendid illustrations are shown—thus leading the student nurse, just out of high school, from the known to the unknown.

The presentation is clear; the style is interesting, the material is technical, but not too technical; brief, but not superficial.

The book is a convenient size, 6"x8", bound in cloth, durable and dark. The print is fairly large with a heavier and larger print introducing important items. Illustrations, statistics and diagrams are numerous and up-to-date.

The fact that Dr. Jesse Feiring Williams is the author of the ''Anatomy and Physiology for Nurses,'' which is a text book used in Schools of Nursing in Canada and the United States; and that it is considered by authorities to be one of the most scientific and up-to-date text books on that subject on the market at the present time, is a splendid recommendation for this new edition of ''Personal Hygiene Applied.'' Helpful suggestions in the first five chapters by Professor W. H. Kilpatrick, so well known in educational work, are easily recognized and many suggested reading assignments assist the student in the drawing of information from varied sources.

In the teaching of the subject of Personal Hygiene to nurses, if a text book is used it should be liberally supplemented by assigned readings in reference books, magazines, pamphlets, etc., and the development of the students' initiative and formation of proper health habits stressed.

Dr. Williams' book would be an excellent one to be used as a reference and as a guide by any teacher of hygiene, whether Instructor of Nurses, High School, or Public School.

Its keynote is ''to preserve the unity and harmony of life,'' by the development of a "Health Consciousness."

To British Trained Nurses Now Working Overseas

The College of Nursing and the Nursing Profession

The College of Nursing was founded in 1916 as the professional association representing the British nursing profession and was instrumental in assisting the work of placing the Act for the Registration of Nurses upon the Statute Book.

This Act of Registration aimed at the protection of the public by the standardization of the training of nurses in Great Britain, and by laying down a legal definition of the professional status of a nurse.

Nurses will remember that the period of grace when nurses were allowed to place their names on the State Register without taking the State Examination ended on 14th July 1923.

The College of Nursing allowed a period of grace for nurses to join before insisting upon eligibility for State Registration as one of the essential qualifications for membership. This period of grace ends on December 31st, 1925, when the following regulations come into force:—

On and after December 31st, 1925, applicants shall hold a certificate of three years' training in an approved Training School or Schools and be eligible to sit for the examination admitting them to the General Part of the Register constituted under the Nurses' Registration Acts, 1919, of England and Wales, Scotland, and Ireland.

On and after April 1st, 1928, applicants will be required to submit evidence:—

(a) That they are State Registered and hold a certificate of three years' training from an approved Training School or Schools, or

(b) That they are State Registered, having passed the State Examination.

Any special case not coming within the above rules is reserved for adjudication by the Council.

In 1926 the College of Nursing will have been established ten years. In that short space of time the effects of a powerful professional organization have become apparent to all British trained nurses. Nurses have won for themselves better professional education, status, remuneration and prospects.

There is much to be accomplished in the future, and united effort on the part of the trained nurses of this country can prove to be an irresistible force, and can win for our profession and for those who come after, conditions of service worthy of our high vocation.

Nurses are advised to note the new rules for membership of the College which come into force on 31st December, 1925, and to support their profession by making immediate application to the Secretary, The College of Nursing, Ltd., Henrietta Street, London, W. 1.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

School of Public Health Nursing, University of Montreal

By EDITH B. HURLEY, B.A., M.A., Reg.N., University of Montreal

The New School of Public Health Nursing at the University of Montreal is a co-operative enterprise arising from the need long felt in the Province of Quebec for French-speaking nurses trained in public health. Dr. J. A. Baudouin, Professor of Hygiene at the University of Montreal, and formerly Director of the Bureau of Hygiene at Lachine, P.Q., wished as far back as 1918 to put on a constructive programme of public health work in his municipality, but realized it could not be done without the help of public health nurses.

When Miss Alice Ahern began her duties as Superintendent of Nursing for the Metropolitan Life Insurance Company in the Dominion of Canada, she was already thoroughly conversant with nursing affairs among the French-Canadian nurses, and realized both the need of them and opportunities for them once they were trained in public health. Dr. Baudouin representing the University of Montreal and Miss Ahern the Metropolitan Company were the pioneers blazing the trail which eventually led to the school with whose development this article is concerned.

For a period of more than five years plans were considered and discussed by the two pioneers until finally the help of the City and Provincial Health Departments, and the newly organized Montreal Anti-Tuberculosis and General Health League was enlisted. Each of the organizations mentioned, as well as the Metropolitan Company and the University of Montreal, contributes to the budget and each has a representative on the General Committee.

After the preliminary steps assuring the interest and financial support of the contracting parties, the search began to find a directress for the school who could also undertake its organization. The writer was chosen for this important piece of educational work as she had the good fortune to be able to speak French and had had considerable experience in New York City in public health work; being formerly with the East Harlem Nursing and Health Demonstration and, at the time of her appointment, was Director of the Teaching Centre of the Henry Street Settlement Visiting Nurse Service. The University of Montreal made her Professor of Public Health Nursing, thus for the first time in the University's history opening its doors to a woman Faculty member.

The school was formally inaugurated on March 26th, 1925. Representatives of all the contributing organizations were present as well as many prominent health workers and interested citizens of Montreal, Quebec, Ottawa, Toronto and New York. The school was launched with a host of good wishes for its success, and Dr. L. Frankel in his address referred to the occasion as "an historical event."

In connection with the school there is a Health Centre equipped and staffed by the Montreal Anti-Tuberculosis and General Health League. The Centre forms a very definite part of the school and is under the same management. It is used for all our practical demonstrations and the field work radiates

from it. It is our policy to have theory and practice go hand in hand, so that at the end of the nine months' course the student will have applied her theory and had a good amount of field work. We also conduct at the Health Centre, Well-Baby, Pre-School, Pre-Natal and Psychiatric Consultations, where the nurses gain experience in these health activities.

On April 1st a short course of four months was begun, giving experience in field work, but granting no certificate. Four nurses of the Metropolitan staff received scholarships from their company to permit them to take the course.

On September 15th, the regular course of nine months began with a group of twelve nurses. Four of these nurses are also scholarship nurses of the M.L.I. Company: two received scholarships from the Association of Registered Nurses, Province of Quebec, and the others are taking the course at their own expense. Certificates in Public Health nursing will be granted to all of these students who meet the requirements of the school.

Prospective candidates are expected to be graduates in good standing of recognized training schools and to be registered in the Province. They are also asked to present certificates of good health, good conduct and evidence of a sound educational background.

It is a matter of great satisfaction to the Directress of the school to be able to state that the twelve students now enrolled have met all these requirements and ought to be a credit to their profession when they step out into the field of Public Health to fill some of the places where they are so sorely needed.

(Edith B. Hurley, B.A., M.A., Reg.N.; Directress, School of Public Health Nursing, University of Montreal, Montreal, P.Q.)

Nurses from Europe to Study at Toronto University

A new indication of the international recognition of the standing of the University of Toronto as an advanced centre in public health nursing, and the allied subject of dietetics, is given by the enrollment of a group of foreign students for the course beginning this fall. It is expected that over a dozen European nurses will be at work in the practical and theoretical classes in these subjects within a few weeks. All are studying under scholarship arrangements of the Rockefeller Foundation.

Already six students have registered for the courses. They are Miss Maria Babicka and Miss Schriffner, of Warsaw, Poland; Miss Fialova, of Czecho-Slovakia; Miss Marthe Damman, of Brussels; Miss Marija Gruber and Mrs. Stefanija Paprailiopulous, of Zagreb, Jugo-Slavia. Miss Gruber, who has reached Toronto, is a graduate of the Edith Cavell School at Brussels.

"Our public health service in Belgium," she explained, "is still in its infancy. We have been at work for some seven or eight years, but we have as yet nothing to compare with the development in the United States and Canada. We have come to learn all that we can of the methods and ideals of the public health service here so that we may take it home for application there."

Miss Damman has no difficulties with the English language, and comes to Canada with a warm feeling of friendship for Canadians. "I do not feel that I am among strangers when I am with Canadians, for you know, to all Belgians the Canadians seem friends. Even those who saw little of your men during the war have heard, and seen, and read so much that there is a very great love

for your country in all our hearts."

Mrs. Paprailiopulous and Miss Gruber are also graduate nurses, attached to the public dispensary at Zangreb. Mrs. Paprailiopulous explained in French that her primary interest is in the culinary and dietetic departments.

"You see," she said, "our dispensary is really a public clinic as cases of all kinds are treated. Even less has been done in Jugo-Slavia than in Belgium in the development of public nursing. We have done little in the development of proper diets for tuberculosis patients, for example, and it is specially for that work that I have come to study, though of course I shall not by any means devote all my attention to the culinary department."

Miss Babicka has been assigned to duty for a time at the Moss Park nursing centre on Jarvis Street.

Miss Fialova and Miss Schriffner are taking brush-up lessons in English before being assigned to regular study or duty in connection with their courses.—(From The Canadian Hospital, October, 1925.)

Monthly Report of a Toronto Public Health Nurse

By E. W. McKINNON, Reg.N.

We often feel that we do not half appreciate the value of what we receive from the University students in return for giving them their practical work. They come to us, fresh from their lectures, and eager to impart and discuss all the latest theories that they have learned. During the past two months I have had two particularly interesting students and they have been almost as good as a "Refresher Course." We who are doing district work certainly do get sadly behind the times.

The last student has taken the keenest interest in my district, especially in the tuberculosis cases, and has done excellent work with them. Almost her first visit with me was to Mr. S., a tuberculosis patient, who had been given three days leave from the London Sanitarium and who had failed to return. We called several times before finding him at home, but learned that he spent most of the day sitting in the park.

When we finally located him, he told a very sorrowful tale of his anxiety over his young wife, a bride of only two months. As she could neither speak nor understand a word of English, she had not been able to find employment and as their money had come to an end he was afraid she would get into trouble if he left her alone. He seemed willing to co-operate with us in any way and promised to return to the Toronto General Hospital Chest Clinic that very afternoon, also to take his wife with him and have her examined.

At the clinic his condition was found to be so serious that he was advised to return to the Sanitarium at once. He told the doctor that he was quite willing to go, but that first he must find work for his wife. Several social agencies were applied to, but it seemed quite impossible for them to place her. Mrs. S., though a strong, healthy girl, and an experienced tailoress, was hopeless so far as her English was concerned and no one seemed to want her.

Finally, Miss H., our student, got her own family so interested in the case that her father appealed to the manager of a factory in our district and he promised to try Mrs. S. out. This story ends happily, for on Monday last Mr. S. went to the Hamilton Sanitarium and on Tuesday morning his wife started in at her new work. We are hoping that Mr. S., now that his mind is free from worry, will make a rapid improvement.

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

A Probationer's Week in the Out-Patient Department

By NORA E. SINCLAIR

To our class was given the privilege of being the first probationers to spend a week in the Social Service Department of the Royal Victoria Hospital. For a long time the need was felt for such a course, in order to help the nurses earlier in their training to be in closer sympathy with their patients by having some insight into their home life.

It was carefully planned that only two of us should go to the Social Service Department each week, in order that we might receive individual instruction. We shall never forget the first morning with the Head Worker, who thoroughly explained to us what the Social Service Department in a hospital does for the patients, the hospital, and the community by putting the patients in contact with all the social institutions in the city when the need arises.

The first afternoon we spent in the Out-Patients' Department, and were shown the routine of admitting patients to the public clinics. A brief social history is taken of each patient in order to establish his eligibility for the public clinics, each patient paying according to his means, a clinic fee ranging from 10c to $1.00 for treatment. The second day was spent in the office of the Admitting Social Worker, who interviews every patient admitted to the public wards, and arranges the fee which shall be paid by the patient while under treatment in the wards. We were amazed at her ability to ascertain their means and ways of living, and what they could afford to pay. A good judge of human nature, with a knowledge of the different racial characteristics, standards of living, and a broad sympathy is needed for this position. We enjoyed the day very much indeed.

Next day came ward rounds with the Ward Worker, who interviewed the patients admitted the previous day, to see whether there was any way in which the Social Service Department could help them and their families while they were in the hospital. Sometimes patients are admitted to the ward before they can make arrangements for their families to be taken care of, and the worker immediately puts the case into the hands of the proper social agencies or the relatives, as the case may be. Patients who are going to be discharged from the hospital are also referred to the worker, who gives them explicit instructions about returning to clinics for further treatment, if so advised by the doctor. She refers patients needing nursing care to the Victorian Order of Nurses; places incurable patients in proper institutions, and the homeless in sheltering homes, etc. If the worker thinks it advisable, after investigation, the patient is sent to the R.V.H. Convalescent Home in Rosemount where the wholesome food and fresh air soon restore her health. Patients from different hospital services are followed up by special workers.

The next day we visited with the Diabetic Worker patients suffering from diabetes. She goes to the homes arranging diets and instructs these patients how to cook the special foods. We also spent a day with the worker following up the tuberculous cases, who are carefully

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Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

The Overseas Nurses' Club of Toronto

The initial meeting of the Overseas Nurses' Club of Toronto was held in the reception room of the sisters' quarters at the Dominion Orthopaedic Hospital, on Thursday, September 10th, Miss Edith Campbell, R.R.C., in the chair. One hundred and twenty-three nursing sisters were present. The details in regard to the formation of the club were first discussed, and this was followed by the nominations for officers. The results of the nominations were as follows:—President, Mrs. D. E. Robertson (Pauline Ivey); vice-president, Miss Gertrude Muldrew; recording secretary, Mrs. Fraser (Georgie McCullough); corresponding secretary, Mrs. James (Helen Drummond); treasurer, Mrs. Driver; executive: Miss Cameron-Smith, Miss Greenwood, Miss Wilkinson, Miss G. Clarke, Miss McCallum, Mrs. Jamieson, Mrs. Bell, Mrs. McLachlan, Mrs. Sheen, Mrs. Givens.

The executive were given power to draft the constitution and bring it before the club as a whole at the next meeting. After a vote of thanks had been tendered to Matron Hartley for her kindness in putting the reception room of the sisters' quarters at the disposal of the club for its meetings, the meeting adjourned.

The second meeting of the Overseas Nurses' Club of Toronto was held at the Dominion Orthopaedic Hospital, the President, Mrs. D. E. Robertson, in the chair. A very large number of sisters were present. After the reading and adoption of the minutes of the previous meeting, the constitution, drafted by the executive, was read clause by clause, and after several amendments was finally adopted as a whole. The constitution reads as follows:

Article I.—This club shall be known as the Overseas Nurses' Club of Toronto.

Article II.—Its objects shall be: To perpetuate the spirit of service as evidenced during the late war: social intercourse, and the mutual welfare of its members.

Article III.—Its officers shall be: President, vice-president, secretary, corresponding secretary and treasurer. An Executive Committee of from five to ten members shall be appointed.

The conveners of standing committees must be chosen from the executive. The officers and committees shall be elected by the club at each annual meeting, as provided by the by-laws.

Article IV.—The annual meeting of the club shall be held in October. General meetings may be called at such time and place as may be determined by the executive.

Article V.—A membership fee, the amount of which shall be determined at the annual meeting, shall be due in October.

Article VI.—All Nursing Sisters and British Nurses who served overseas and have been honourably discharged from the Army or unit to

which they were attached shall be eligible for membership and shall be admitted on being passed by the executive. Honorary members may be elected by members of the club at the general meeting.

It was moved and seconded and unanimously passed that Matron-in-Chief Macdonald, R.R.C., be elected the Honorary President of the club. It was moved and seconded that Matron Campbell, R.R.C., and Matron Hartley, R.R.C., be elected Honorary Vice-Presidents of the club. It was decided to hold an annual dinner in November of each year, and a committee, under the convenership of Mrs. Fraser, was appointed to look after the arrangements for the first annual dinner. It was also decided to place a wreath on the Cenotaph on Armistice Day.

Winnipeg

The Nursing Sisters' Club of Winnipeg gave a delightful tea on Saturday, September 26th, in the Antique Shop tea rooms, the guest of honour being Nursing Sister M. Jaffray, of Christie Street Hospital, Toronto, who attended the Amputations Association Convention as its only woman member. The guests were received by the President, and the tea table, centred by flowers, was presided over by Mrs. H. M. Mawhinney for the first hour, followed by Miss E. Aitkin, assisted by members of the social committee. Short addresses were given by Nursing Sister M. Jaffray and the President, Sister A. J. Atrill, R.R.C. Out-of-town guests included Sister M. Jaffray, who holds the Croix de Guerre decoration; Mrs. A. M. Hamilton, of New Brunswick, and Mrs. Hill, of Saskatoon. A delegation from the club welcomed Nursing Sister M. Jaffray on her arrival in the city and a representative of the club gave an address at one of the sessions of the convention. On Saturday evening the President was a guest at the dinner given by the Amputations Association. Some of the Nursing Sisters were at the annual parade service held at Central Church on Sunday morning, when Captain (Rev.) S. E. Lambert, Dominion President of the Association, preached. Members of the club joined with the local branch of the Amputations Association in bidding farewell at a rousing send-off given at the station, when many were leaving Winnipeg on Sunday afternoon for their homes in the east.

(Continued from page 594)

watched, that they are living in the open air as much as possible, and getting the proper food and rest.

The homes from which our children's wards are filled, are carefully inspected before the children are discharged, and the mothers instructed as to their care and feeding. Every child is followed up for a considerable period after being discharged.

We are taught that when the body is sick, the mind is sick, and by spending a week in the Social Service we saw how the workers approached the patients and succeeded in relieving their minds of some of the burdens of home life. Had we not visited their homes, we could never have realized the conditions in which some of them live. We now understand our patients better, and often are able to make them more susceptible to hospital treatment and improve their mental condition.

Had we not spent this interesting week in the Out-Patients' Department, we could never have realized how beneficial and far reaching the Social Service Department of a hospital can be.

(Nora E. Sinclair, Class 1927, Royal Victoria Hospital, Montreal.)

News Notes

ALBERTA

CALGARY

Mrs. De Satge recently returned from Montreal, Que., and Miss Emmett from Rochester, U.S.A.

Miss A. Lyon is spending the winter at her home in Kingston, Ont.

Miss Fraser and Miss Honeywell, of the Victorian Order of Nurses, are taking post-graduate courses in Public Health work. Miss Fraser is attending the University of Toronto and Miss Honeywell the University of British Columbia.

Miss M. E. Lamplough left recently for her home in Montreal, Que. Miss Lamplough has been a member of the staff of the Colonel Belcher Hospital for the past four years and has been granted two months' leave of absence on account of ill-health.

Miss Third, of Edmonton, was in town a few days last week.

EDMONTON

Royal Alexandra Hospital

Some of the graduates of the school met in the Nurses' Home on September 28th, when plans for the reorganization of the Alumnae Association were discussed. The first regular meeting will be held on November 7th, when the nomination and election of officers will take place.

Miss K. Brighty (1917), who has been on the staff of the Alberta Public Health Department, left in September for a year's post-graduate work at Teachers' College, Columbia University, New York.

Miss Christine McLeod (1919), night superintendent, has returned from an enjoyable holiday at her home in Scotland.

Miss Adele MacDonald (1922), who has been in charge of the operating room, resigned at the end of September. Her many friends wish her much happiness in her new life. Miss Mildred Ewing (R.V.H., Montreal, 1915) has taken charge of the operating room.

Miss Florence Buck (1923), who has been a member of the staff since her graduation, was another October bride.

BRITISH COLUMBIA

Vancouver General Hospital

Miss Rhodes, R.N., has returned from Whitehorse to remain in Vancouver until spring.

Miss Currie, R.N., who has been residing in Seattle, is visiting in Vancouver.

Miss Nina Waldron, R.N., 1925, has been appointed to the Admitting Office staff of the V.G.H.

Miss Leila McGinnis, R.N., 1923, recently resigned from the operating room staff and is leaving shortly for San Francisco. Miss McGinnis is succeeded by Miss Muriel McIntosh, R.N., 1925.

Mrs. Buttle, R.N., 1913, has purchased the Aladdin Tea Room.

Miss Ellen Lynn, R.N., 1922, has been appointed to the staff of the Sanitarium in Mexico City.

Rev. and Mrs. Farris (Marion Fisher, B.Sc., R.N.), sailed for China on September 1st, where they will take up their work as missionaries.

NOVA SCOTIA

HALIFAX

The annual meeting of the Victoria General Hospital Alumnae Association was held September 28th, 1925. The following officers were re-elected:—Florence A. Fraser, Reg.N., president; Margaret E. MacKenzie, Reg.N., vice-president; Josephine Cameron, Reg.N., secretary; Glen Donovan, Reg.N., treasurer.

Miss Esther M. Beith, Reg.N., Hospital for Sick Children, Toronto, and Public Health, Toronto, who for the past year has been superintendent of the Dalhousie Public Health Clinic, and chief nurse, Massachusetts-Halifax Health Commission, has resigned to accept the position as supervisor of The Child Welfare Association, Montreal.

Miss Edith Fenton, Reg.N., Hospital for Sick Children, Toronto, and Public Health, Toronto University, recently with the Junior Red Cross, Toronto, has accepted the position as superintendent, Dalhousie Public Health Clinic and chief nurse Massachusetts-Halifax Health Commission, Halifax, N.S.

Miss Emily O'Connor, Reg.N., Post Graduate Hospital, New York, 1913, has accepted the position as head nurse, Ward 65, Victoria General Hospital.

Miss Vera Jane Kennedy, Reg.N., graduate Victoria General Hospital, has resigned her position as head nurse of Ward 65.

Miss Vera Goreham, Reg.N., Newton Hospital, 1925, formerly at Camp Devens, Mass., has accepted a position on the staff of the Victorian Order of Nurses.

On Saturday, October 3rd, Miss Edith Fenton, Reg.N., was the guest of honour at a delightful tea given by Miss Esther M. Beith, Reg.N., at the D.P.H.C. The guests included the School, Public Health, Victorian Order, Military nurses and Social Service workers' office staff, V.O.N., M.H.H.C. and D.P.H.C.

On Saturday, October 10th, Miss Esther M. Beith, Reg.N., retiring superintendent of D.P.H.C., was the guest of honour at a delightful tea given by the Faculty of Dalhousie University. On Monday, October 12th, Miss Beith was the guest of honour at a Bridge given by the D.P.H.C. staff and school nurses and was presented with a handsome desk set.

ONTARIO

BELLEVILLE

On 14th-19th the Alumnae Association of the General Hospital held a very successful bazaar in the armouries, at the Kiwanian Karnival. The booths were donated by Dr. Hill and Dr. Cronk and were artistically decorated with the Alumnae colours, purple and gold.

On September 24th a delightful dance was held at the hospital in honour of Miss F. Fitzgerald, who has resigned her position at the hospital and returned to private duty. Miss Fitzgerald was presented with a fitted leather case.

Miss F. Hannah has returned from New York, where she has been engaged on the staff of the Midtown Hospital for the past nine months.

Miss A. Seeney has returned to her position at Grassland Hospital, New York, after spending a two weeks' vacation at Belleville and Sterling.

FORT WILLIAM AND PORT ARTHUR

The regular monthly meeting of the Thunder Bay Graduate Nurses' Association was held on Thursday, October 1st, 1925, at the Nurses' Home of the McKellar General Hospital, Fort William, Ont. The meeting was very well attended, most of the members having returned from their various summer vacations.

The speaker of the evening, the Rev. W. J. Preston, gave a most interesting discourse on his visit to Rome, describing most graphically the many beautiful churches of the Eternal City, and illustrating his remarks with a striking series of photographs.

Miss Vera Russell's pianoforte solo was very much enjoyed, and a dainty lunch served by the McKellar nurses concluded a very pleasant meeting.

Miss Carson and Miss McQuarrie, McKellar General Hospital, have left for Rochester, Minn., U.S.A., where they will enter the Mayo Brothers' Hospital.

Sister Frances, of St. Joseph's Hospital, Port Arthur, Ont., has left for Peterboro, Ont.

Medical men of Fort William and Port Arthur, with those of the districts of Kenora, Rainy River, Thunder Bay and Patricia, comprising the Lakehead District of the Ontario Medical Association, assembled in convention on October 6th, 1925.

Eminent doctors in attendance were:—Dr. A. McPhedran, of Toronto, past president of the Ontario Medical Association, and also of the British Medical Association; Dr. T. C. Routley, of Toronto, secretary of the Ontario Medical Association; Dr. E. D. Busby, and Dr. John MacGregor, of London, Ont., president of the Ontario Medical Association.

The morning clinics were visited at St. Joseph's Hospital and the Railway, Marine and General Hospital in Port Arthur, followed by a luncheon at the Shuniah Club, Port Arthur. Addresses were given by Dr. McPhedran on Cardiac Diseases and by Dr. Busby on Genito-urinary Problems.

The afternoon clinics were held in the McKellar General Hospital, Fort William, and dinner was served at 6 p.m. in the Kaministiquia Club, Fort William, the speakers being Dr. MacGregor and Dr. Routley.

The president of the District Association is Dr. G. E. Eakins, of Port Arthur, and the secretary is Dr. J. C. Gillie, of Fort William. Dr. John I. Pratt, of Port Arthur, is counsellor, and the vice-counsellor is Dr. Gillie.

HAMILTON

Hamilton General Hospital

Mrs. Christian Jensen (Ina Mather), engaged in missionary work in South Africa, is home on furlough.

Mrs. Sandercock (Ina Fellows), who was taken to England from South Africa, ill with sleeping sickness, is improving and soon may be able to return to Canada.

Mrs. Edith Johnson has accepted a position with the City Public Health Department.

Miss Doris Medlen has accepted a position at Simcoe, Ont.

Miss Margaret Moore has accepted a position in Detroit.

Miss Evelyn Almas has left for Montreal to take a course in Supervision in Training Schools, School for Graduate Nurses, McGill University, Montreal, P.Q.

The Misses Roberta Pratt, Gladys Webber, and Gertrude Everett left Hamilton on September 30th for Albany, N.Y.

On October 13th Miss Grace Fairley gave a talk to the Alumnae Association and pupil nurses on her trip to the Congress, International Council of Nurses, in Finland.

TORONTO

Hospital for Sick Children

Miss A. L. Kinder, formerly assistant superintendent of the H.S.C., has accepted the position of superintendent of nurses at the Children's Memorial Hospital, Montreal, P.Q.

Miss Esther Beith, 1914, has resigned her position as superintendent of the Dal-

housie University, N.S., and has been succeeded by Miss Edith Fenton, 1917. Miss Beith is going to Montreal as director of the Child Welfare Association.

Miss Adelaide Ross, 1923, has accepted the position of head nurse in the Infant Ward, Children's Memorial Hospital, Montreal, P.Q.

Grace Hospital

Miss E. Campbell, superintendent, Victorian Order of Nurses, Toronto, addressed the Alumnae Association at the opening meeting on her recent visit to Helsingfors, Finland.

Miss Rowan, superintendent, Grace Hospital, Toronto, attended the annual meeting of the American Hospital Association at Louisville, Kentucky.

Toronto General Hospital

Miss Gunn and the graduate nurse staff of the Toronto General Hospital entertained at tea in the Nurses' Residence on October the 10th, in honour of Miss Lloyd-Still, matron of St. Thomas' Hospital, London, England. Miss Lloyd-Still is making a survey, under the Rockefeller Foundation, of nursing conditions in Canada. Among the guests were: Miss Bertha Harmer, who is now at Yale University School of Nursing; the superintendents of nurses of the various hospitals in Toronto, and representatives of the Public Health, Social Service Departments, the Victorian Order and Visiting Nurses' Associations of Toronto.

Miss Agnes Campbell (1923), who has been doing institutional work in the Illinois Central Hospital, and Miss Meta Gruetzner (1923), who has been in the New York Hospital, have returned to Toronto, where they expect to do private duty nursing.

Miss Betty Grove (1923) has returned to New York, where she is going to continue her private nursing work.

Miss Muriel Locke (1916), who has been in France for the past year, has returned home.

Miss Ethel Cryderman (1916), who has been in England for the past year taking the course at the Truby King Institute in London and the course in midwifery at Oxford, has returned to Toronto, where she has been appointed to the staff of the Department of Public Health as supervisor of the Scarboro District.

Miss Florence Kelsey (1923) has returned from a most enjoyable trip abroad and has gone to the Red Cross Outpost Hospital at Haileybury, Ont.

The members of the September Section of the class of 1923, who were in Toronto, recently spent a delightful evening together at a dinner and theatre party.

The regular monthly meeting of the Alumnae Association was held on Wednesday, October 7th, in the Nurses' Residence, with an unusually large number of members present.

The outstanding business of the evening comprised the appointment of the new Executive and Social Committees and the discussion arising out of the proposal that the Alumnae meetings be held each month instead of every alternate month.

The members of the Executive are:—Miss Brown (president); Miss Gretta Ross (secretary); Miss Grant, Miss McKinnon, Miss Alice Thompson, and Miss Veitch. The Social Committee is composed of Miss Vera Pearson (convener), Miss Frances Charlton, Miss Reith Young, Miss Jefferson, Miss Holditch, and Miss Stella Sewell.

It was decided to hold meetings every month—each alternate month the meeting to take the form of a social evening. The details of the plans for the latter are to be left to the Social Committee. It was felt that all the members would enjoy these opportunities of becoming more thoroughly acquainted, and undoubtedly they will be popular during the winter months.

At the close of the business meeting, Miss Gunn, in her usual interesting and vivid way, told the nurses of Finland, and more particularly the details of the Congress, including the social and business sides, the exhibits and the impressions of the conference. A very hearty vote of thanks was extended to Miss Gunn for making the entire evening so successful. Refreshments were served and the nurses enjoyed a social half hour at the close of the meeting.

The November meeting will be a social one.

QUEBEC

Montreal General Hospital

In the September items from M.G.H., a misprint reported Miss Violet Sampson as second assistant superintendent of St. Agathe Sanatorium, instead of the Montreal General Hospital.

Miss Gertrude Jackson, 1921, superintendent of Woodstock General Hospital, Woodstock, N.B., has been holidaying in Montreal.

The sympathy of the association is extended to Miss Lillian Dickie in the loss of her sister, and Miss Grace MacKay in the loss of her father.

Miss Shirley Bowen, 1922, is on the staff of St. Agathe Sanatorium, St. Agathe, P.Q.

Miss Farol Armstrong, 1920, has been conducting "The Cottage Tea Room" at St. Anne de Bellevue, P.Q., for some time, and hopes to continue in this undertaking.

Miss Nina Howlett, 1923, has been doing relief work in V.O.N. throughout the summer in Montreal.

Miss Anna May Hutt, 1923, has resigned from the staff of the Montreal Maternity and taken a position in the Regina Gen-

eral Hospital, as charge nurse of the obstetrical ward.

At the October monthly meeting of M.G.H.A.A., held in S.O.R. theatre of M.G.H., Mr. Frank Scott, son of Canon Scott, of Quebec City, gave an interesting address on "Some of the Aspects of the League of Nations."

Miss Ethel McNutt, formerly superintendent of the late Dr. Lockhart's Hospital for a number of years, is now taking a course in general anaesthetics at M.G.H.

Miss Agnes Jamieson gave a lecture to the Montreal Graduate Nurses' Association in the new Club Hall at the October meeting on "Travels Abroad," including her trip to the International Congress of Nurses in Finland. The lecture will be finished at the November meeting, covering Switzerland, Italy and France

Graduates of the Montreal General Hospital who are attending the School of Graduate Nurses, McGill University, 1925-1926, are: Miss Marion, 1919, scholarship from the Board of Management, and Miss Winnifred Cook, 1924, scholarship from the Alumnae Association, who are taking the Instructors in Training Schools course. Miss Helen Hewton, 1921, the Mildred Forbes Scholarship, is taking the course in Public Health Nursing.

The Montreal Graduate Nurses' Association will hold a bazaar at the Ritz Carlton Hotel, November 16th and 17th, 1925, to procure funds toward paying off the mortgage on their new Club House, 38 and 40 Bishop Street. Any out-of-town nurses wishing to contribute in money or articles may address the same to Club House. Mrs. C. Nelson (nee Helen Lough) is general convener of the bazaar; Miss Lucy White, secretary treasurer; Miss Georgia Colley, convener M.G.H. booth; and Mrs. Frank Lamb (nee Elizabeth Anderson) convener of the tea room.

MONTREAL

Royal Victoria Hospital

In the tennis tournament between the nurses of the Montreal General Hospital and the Royal Victoria Hospital, the honours went to the latter after a closely contested match on the courts at the Montreal General, for the cup donated by Dr. A. K. Haywood. R.V.H. teams were: Miss Starke and Miss Barbara Smith; Miss Bain and Miss Macfarlane. After the match tea was served.

Miss Dora Calvert, 1924, has been appointed second assistant in Epworth Training School, South Bend, Indiana.

Miss Mollie Black, 1918, has accepted a position in the Metropolitan Insurance Co. at Winnipeg.

Miss Dorothy Cotton, 1910, and Miss Barbara Widder, 1918, are taking the course in Public Health at the School for Graduate Nurses, McGill University; and Miss Elsie Allder, 1921, and Miss Winnie Chute, 1925, the course for Instructors.

Miss Louise Ingraham, 1924, is a patient in the new Sanatorium at Ste. Agathe.

Miss Annie Lockhart, 1923, has recovered from an attack of typhoid fever and is with her sister, Mrs Robertson, Bishop Street, Montreal.

SASKATCHEWAN

REGINA

Mrs. Agnes Tanney, Reg.N. (Grey Nuns, Regina, 1922), Department of Public Health, and Helen McCarthy (Grey Nuns, 1923), left Regina on October 1st for St. Louis, Mo., to take a four months' post-graduate course in pediatrics and child nutrition at Washington University.

The Alumnae of the Grey Nuns' Hospital, Regina, met at the Nurses' Home, September 10th, to plan the activities of the association for the coming winter.

Misses Jean Hartz and Edna Cunningham (Grey Nuns, 1922), who have been on the staff at St. Mary's Hospital, Rochester, Minn., have returned to the city to do private duty nursing.

Miss Isabel Stewart, supervisor, Red Cross Outposts, and Miss E. Denton, matron of the Red Cross Outpost at Bengough, spent their vacations at the coast and in Alaska.

The death at Grand Coulee on August 26th of Florence M. Campbell, a graduate of the Grey Nuns' Hospital, Regina, 1915, who had been six years with the Canadian Methodist Mission in West China, caused the very deepest sorrow to her many friends. Miss Campbell had only recently returned to Canada on furlough, and though she had already remained in China one year longer than the usual term in the foreign field, she was looking forward to her return to service in China, for which she had hoped to further fit herself by post-graduate study. Her health, however, had suffered greatly under the strain of the mission field work. News of her death came as a great shock to her many nurse friends, who extend their deepest sympathy to her foster parents.

Mr. and Mrs. J. A. Dunn (Rose M. Wagner, St. Paul's Hospital, Saskatoon), recently left Saskatoon to reside in Detroit, Mich.

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BIRTHS

ASHBURY—At Detroit, Mich., to Mr. and Mrs. R. Erland Ashbury (Evelyn Haycock, Grace Hospital, 1919), a son, Robert Erland.

CAMPBELL—On August 31st, 1925, to Dr. and Mrs. Glen Campbell (Kathleen Davis, Vancouver General Hospital, 1919), a daughter.

COOTE—At Chicago, September 8th, 1925, to Dr. and Mrs. Frank Coote (Viviene Freeze, Royal Victoria Hospital, 1920), a daughter, Frances Joan.

COSBIE—On September 25th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Dr. and Mrs. W. H. Cosbie (Margot Fraser, Toronto General Hospital, 1919), a daughter.

DOWSETT—On August 22nd, at the Belleville General Hospital, to Mr. and Mrs. Harry Dowsett (Emma Trenear, Belleville General Hospital, 1923), a son.

FELL—On October 7th, 1925, at 320 North Franklin Street, Fort William, to Mr. and Mrs. C. T. Fell (Florence Schofield, McKellar General Hospital, 1922), a daughter.

LEROY—In July, in Chicago, to Mrs. Charles Leroy (Ruth Morrissette, R.N., Victoria General Hospital, 1920), a son.

LOVELL—On July 30th, 1925, at Saskatoon, to Mr. and Mrs. Lovell (M. C. Campbell, Saskatoon City Hospital), a son.

LOW—On September 24th at the Toronto General Hospital Private Patients' Pavilion, to Dr. and Mrs. Donald Low (Doris Van Duzer, Toronto General Hospital, 1918), a son.

McKAGUE—On September 1st, 1925, at Saskatoon, to Mr. and Mrs. Norman McKague (Gladys Jackson, Saskatoon City Hospital, 1923), a daughter.

McLELLAN—On June 21st, 1925, at Regina, to Mr. and Mrs. C. F. McLellan (Rhoda B. Johnston, Regina General Hospital, 1917), a son.

PREUTER—On June 14th, 1925, at Vancouver General Hospital, to Mr. and Mrs. R. Preuter (Phillis Griffin, Vancouver General Hospital, 1919), a son.

REDMOND—In September, at Dr. Grey's Private Hospital, Montreal, to Mr. and Mrs. W. M. Redmond (Catherine Dulmadge, Montreal General Hospital, 1920), a son.

ROBERTSON—On September 19th, 1925, at Victoria, B.C., to Dr. and Mrs. Russell B. Robertson (Charlotte Jack, Royal Victoria Hospital, 1914), a daughter.

SMITH—On August 12th, 1925, at 4133 Drexel Avenue, Detroit, Mich., to Mr. and Mrs. J. G. Smith, a son, Donald McLeod. Before her marriage Mrs. Smith was Florence Hazel McLeod, a graduate of Kingston General Hospital, 1913.

SPARKS—On September 27th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Dr. and Mrs. W. Sparks (Marjorie Mann, Toronto General Hospital, 1919), a daughter.

SPENCE—On April 31st, 1925, at the City Hospital, Saskatoon, to Mr. and Mrs. Spence (Jeanette Goodfellow, Saskatoon City Hospital, 1921), a son.

TELFORD—On September 18th, at Montreal Maternity Hospital, to Mr. and Mrs. Wallace Telford (M. Lomer, Montreal General Hospital), a daughter.

THOMPSON—On May 13th, 1925, at Vancouver General Hospital, to Mr. and Mrs. R. Thompson (Gladys Perry, Vancouver General Hospital, 1920), a daughter.

YOUNG—On September 22nd, 1925, at Lamont, Alta., to Dr. and Mrs. Morley Young (Ethel Rolland, Montreal General Hospital), a son.

MARRIAGES

BOUCK—McGREGOR—Recently, at Edmonton, Phyllis McGregor to Dr. Charles Bouck. Dr. and Mrs. Bouck will reside at 735 Twelfth Avenue West, Calgary.

BOX—TRIVETT — At Trinity Church, Changsha, China, on October 2nd, 1925, Gladys Edwyna Trivett (Toronto General Hospital, 1919) to Reginald Holyoake Box.

BRISTOW — BOURNE — On Saturday, October 10th, at St. Stephen's Church, Toronto, Elizabeth Bourne (Grace Hospital, 1915) to H. G. Bristow.

CALDWELL—RATTENBURY — On September 21st, 1925, at Charlottetown, P.E.I., Elizabeth Hodge Rattenbury (Royal Victoria Hospital, 1921) to James David Caldwell.

COCHRANE—EADIE—On October 7th, 1925, at 375 Grosvenor Avenue, Westmount, P.Q., Helen Winnifred Eadie (Royal Victoria Hospital, 1921) to Dr. William John Cochrane. At home, Corner Brook, Newfoundland.

COOKE—GOODWIN—Recently, Bertha J. Goodwin (Belleville General Hospital, 1924), to Percy George Cook, of Belleville.

CRAIG—WATERMAN—On June 1st, 1925, Ruth G. Waterman (Vancouver General Hospital, 1922), of Summerland, B.C., to John Campbell Craig, of Arnprior, Ont.

CRANDELL — JOLIFFE — Recently, in Gardena, Calif., Dorothy Joliffe (Vancouver General Hospital, 1920), to Russell Crandell.

D'EASUM—LUCAS—On August 1st, 1925, at Sardis, B.C., Margery Lucas (Vancouver General Hospital, 1921) to Dr. Leonard D'Easum.

DICKSON—CROSSLAND—On September 29th, 1925, Miss Crossland (Hospital for Sick Children, 1923) to Dr. A. Dickson.

DICKSON—STEVENSON — On August 26th, 1925, Lenora Eugenie Stevenson (Toronto General Hospital, 1921) to Dr. Alan Dickson, of Niagara Falls. Dr. and Mrs. Dickson will reside at Amsterdam, N.Y.

DINGWALL—RICHARDSON — On August 1st, 1925, in Detroit, Mich., Ethel Richardson (Vancouver General Hospital, 1920) to James Dingwall. Mr. and Mrs. Dingwall will reside in Detroit.

EIGEN—FORBES—On August 27th, 1925, at Newport, N.Y., Dorothy Forbes (Royal Victoria Hospital, 1920) to Richard Frederick Eigen.

ELLIS—KETCHEN—In March, 1925, in Montreal, Annie G. Ketchen (Montreal General Hospital, 1919) to O. E. Ellis. Mr. and Mrs. Ellis are residing at Bestville, Sask.

FARIS—FISHER—On August 7th, 1925, Marion Fisher, B.Sc. (Vancouver General Hospital, 1922) to the Rev. D. K. Faris, B.A. Rev. and Mrs. Faris will go to North Honan, China, to undertake mission work under the United Church of Canada.

FREGEAU—KIDDER—On October 1st, 1925, in St. Patrick's Church, Fort William, Ont., Mary Ellen Kidder (McKellar General Hospital, 1923) to Joseph Victor Fregeau. Mr. and Mrs. Fregeau will reside at 233 South May Street, Fort William.

GILFILLAN—HUTCHESON—In August, 1925, Mrs. Hutcheson (Hospital for Sick Children, 1920), to Dr. Gilfillan.

GRAHAM—IRWIN—On July 29th, 1925, Agnes Irwin (Hospital for Sick Children, 1918) to Dr. W. Graham. Dr. and Mrs. Graham are at present in Edinburgh, Scotland, where Dr. Graham is studying for his F.R.C.S.

HAMMILL—CAMPBELL—On September 4th, 1925, in Chicago, Margaret Campbell (Regina General Hospital, 1923), to Ray Hammill. Both Mr. and Mrs. Hammill formerly resided in Regina.

HANNA—LONG — At Vancouver, B.C., Helen Long (Vancouver General Hospital, 1922) to Scott Hanna.

HATCH—BROWN—On September 15th, 1925, in St. Andrew's Church, Vancouver, B.C., Essie Brown (Vancouver General Hospital, 1912) to William Hatch. Mr. and Mrs. Hatch will reside at Brittania Beach, B.C.

HAYMAN—ROBINSON — On September 11th, 1925, Florence Gwendoline Robinson (Toronto General Hospital, 1919), to Gordon Parker Hayman. Mr. and Mrs. Hayman will reside at Naramata, B.C.

HELME—AITKIN—On July 30th, 1925, at St. Paul's Church, Vancouver, B.C., Dorothy Aitkin (Vancouver General Hospital, 1924) to R. G. Helme.

HERRING — PRINCE — On Wednesday evening, September 23rd, in Calvary Church, Dorchester Street W., Montreal, Mabel Prince (Montreal General Hospital, 1923) to Percy Herring.

HIGGS—GATENBY—On October 3rd, in Victoria, B.C., Bertha Florence Gatenby (Royal Columbia Hospital, New Westminster, 1924) to Richard William Higgs. Mr. and Mrs. Higgs will reside in Victoria, B.C.

HOBSON—ARNOTT—On August 27th, 1925, at Watrous, Sask., Irene Frances Arnott (Saskatoon City Hospital, 1919) to Frank Hobson. Mr. and Mrs. Hobson will reside at Nelson, B.C.

HYER—JOHNSON — On February 12th, 1925, at Saranac Lake, N.Y., Pearl J. Johnson (Saskatoon City Hospital, 1919) to Harry J. Hyer. Mr. and Mrs. Hyer are residing in Clarksburg, West Va., U.S.A.

JACK—SCOTT—On September 15th, 1925, at Westmount, P.Q., Winnifred Evans Scott (Montreal General Hospital, 1915) to James Macpherson Jack, M.D.

MILLER—STOKKE—On June 20th, 1925, at Saskatoon, S. Stokke (St. Paul's Hospital, 1922) to C. B. Miller, of Watrous, Sask.

McKILLOP—HORTON—On October 10th at St. Thomas, Frances Isabel Horton (Toronto General Hospital, 1923) to Vernon A. McKillop, of London.

MENZIES—PRESTON — On September 25th, 1925, at Twillingate, Newfoundland, Beatrice Mary Preston (Montreal General Hospital, 1922) to Dr. Ernest Menzies, of Verdun, P.Q.

McFADDEN—GILCHRIST — On August 12th, 1925, at Calgary, Alta., Nellie Gilchrist (Saskatoon City Hospital, 1919) to Lloyd Elmer McFadden. Mr. and Mrs. McFadden will reside at Islay, Alta.

NEWMAN—BURLEY — Mary A. Burley (Belleville General Hospital, 1924) to Arthur Richard Newman, of Belleville.

O'BRIEN—LUCAS—On September 24th, 1924, Caroline Evelyn Lucas (Royal Victoria Hospital, 1918) to Edward George O'Brien.

PALMER—BLACKMORE—In June, 1925, Miss Blackmore (Hospital for Sick Children, 1925) to Dr. Palmer, of Brantford.

PRINGLE—SWANBURG—On September 29th, at New Westminster, B.C., Swea Swanburg (Royal Columbian Hospital, 1921) to James Pringle, of Port Coquitlam, B.C.

STEWART—LAVIOLETTE—On Tuesday, October 6th, 1925, Grace Christina Laviolette (Women's Hospital, Montreal, 1924) to Donald Stewart, of Strathmore, P.Q. Mr. and Mrs. Stewart will reside at Melrose Avenue, Verdun, P.Q.

THOMAS—FRASER—On September 16th, 1925, at Patricia Bay, B.C., Dorothy Isabella Fraser (Calgary General Hospital, 1925) to Edmund Thomas.

WAYNE—PARKS—At Vancouver, Hattie Parks (Montreal General Hospital, 1920) to Harvey J. Wayne, both of Redbank, N.B.

WEEKS—MUTRIE—On August 9th, 1925, at St. Andrew's Church, Vancouver, Helen Mutrie (Vancouver General Hospital, 1924) to Dr. W. Weeks.

WHITMAN—ESTABROOK—On September 27th, at New Westminster, B.C., Jean Estabrook, R.N. (Royal Columbian Hospital, 1924) to James Francis Whitman, of Sumas, Washington, U.S.A.

WILLETT—BATTLEY—On July 14th, 1925, Elsie Battley (Regina General Hospital, 1919) to Sidney Willett, of Regina.

WILLIAMS—SCHOFIELD — On September 18th, at Templeton Baptist Church, Los Angeles, Calif., Edna Schofield (Calgary General Hospital, 1923) to James Howard Williams, of Los Angeles, Calif.

WILSON—WALKER—On October 7th, 1925, N/S Elizabeth T. Walker (Hamilton General Hospital, 1914) to Thomas J. Wilson, Winnipeg.

WOODS—JOHNSON—On August 11th, 1925, at St. Paul's Church, Vancouver B.C., Beatrice Johnson, B.Sc. (Vancouver General Hospital, 1919) to Prof. F. Woods, of the University of British Columbia.

VAN ETTER—NEWBERRY—At Bellingham, Wash., Edna Newberry (Vancouver General Hospital, 1923) to Dr. Van Etter, of Vancouver.

DEATHS

CAMPBELL—On August 26th, 1925, at Grand Coulee, Sask., Florence Campbell (Grey Nuns' Hospital, Regina, 1915).

MAIN—On July 19th, 1925, Mrs. H. Main (Harriet B. Higham, West London Hospital, Hammersmith W., 1908), wife of H. L. Main, of Regina.

SHEPPARD—On August 28th, 1925 at Tranquille, B.C., Ella Sheppard (Vancouver General Hospital, 1924).

NOTICE!

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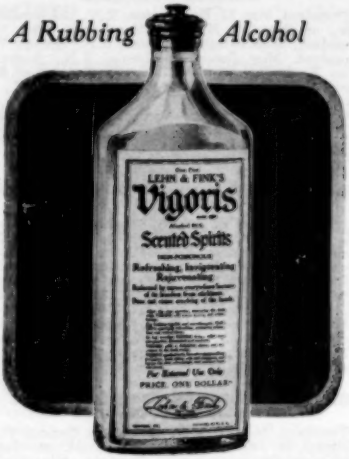

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